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ABSTRACT

Presented is the 1974-75 project report containing descriptions and evaluations of the five accomplished goals of the Preschool Instruction for the Exceptional (PIE) program which has provided services for 11 New Jersey students (3-5 years old). The first objective, identification and diagnosis of preschool handicapped children, is described in terms of population served, intake process and procedure, and the number and description of the 18 children referred. Described next is objective 2, the development of a multidisciplinary team and the creation of a learning environment for each child including team members and role functions, and staff development procedures. Discussed is the development and implementation of personalized programs for prescriptive teaching (objective 3), including individual prescriptions and group learning environment. The fourth objective, involvement of parents of handicapped children in their child's personalized learning program, is seen to provide communications with parents (orientation, formal and informal reports, and parent meetings), services for parents (parent education and counseling), and assistance provided by parents (parent volunteers, and parent members on the advisory committee). Noted are activities taken to implement the fifth objective community outreach to facilitate mainstreaming of the children (advisory groups, presentations, visits, meetings, media development, and press releases). A major portion of the document comprises 16 appendixes including newspaper and newsletter articles, a PIE handout to volunteers, descriptions of children, educational objectives, and a parent information booklet. (PT)

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PRESCHOOL
INSTRUCTION
FOR THE
EXCEPTIONAL

PROJECT REPORT
1974 - 75

EC091843

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL

Serving communities of:
Alpine, Closter, Cresskill, Demarest, Harrington Park,
Haworth, Northvale, Norwood, and Old Tappan

Sponsored by:
Northern Valley Administrators Association and Bergen
County Region III Special Education Council

Funds administered by (legal educational agency):
Northern Valley Regional High School District

Funds granted by:
Branch of Special Education and Pupil Personnel Services
Division of Curriculum and Instruction
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Washington, D. C.

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL

PROJECT REPORT: 1974-75

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PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL (PIE)

PROJECT REPORT
1974-75

INTRODUCTION

At the present time, New Jersey state laws do not mandate public school programs for the handicapped prior to age five, It has been demonstrated that early intervention through preschool programs helps the handicapped child to function more effectively and helps parents to understand their child's special needs.

> "Research studies have consistently underscored this basic proposition: That handicapped children can make exceptional gains if their handicaps are identified and diagnosed as early as feasible, and if they thereupon begin to receive educational services attuned to their special needs. The intention of such identification is by no means to categorize or label these youngsters, thus inhibiting their access to 'normal' children. It is rather to get a head start on enabling them to enter regular classrooms and ultimately to attain self-sufficiency. ("Aid for Education of the Handicapped," American Education, July 1974, p. 30.)

Handicapped, three to five year old children are much like their typical counterparts. The nursery school program, developed in this project, provides a cohesive group learning environment for all the children, and at the same time, allows for personalized learning so necessary for each child.

Early identification and diagnosis of special needs is the initial major thrust of the project. Parent, school, and community involvement insure the continued growth of the child.

To develop an effective model program, the following objectives were set and attained:

1. Identification and diagnosis of preschool handicapped children, ages 3-5.
2. Development of a multi-disciplinary team and creation of a learning environment for each child.
3. Development and implementation of personalized programs for prescriptive teaching.
4. Involvement of parents of handicapped children in their child's Personalized Learning Program.
5. Implementation of community outreach to facilitate mainstreaming of children.

This report describes and evaluates how these objectives were met.

OBJECTIVE 1:
IDENTIFICATION AND DIAGNOSIS OF PRESCHOOL HANDICAPPED CHILDREN, AGES 3-5

I. Population Served

This project is directed to the moderately to severely handicapped preschool children who comprise approximately 1% to 3% of the total population. Using this percentage, the target population for the Northern Valley Region would be fifteen to forty-five three to five year olds.

II. Intake Process

A. Initial Outreach - finding the target population

The description of the project and the intake process were communicated in the following ways.

1. Letters (See Appendix A.)
    - a) Pediatricians in the Northern Valley Region
2. Meetings - Project Directors and/or Head Teacher as speaker(s)
    - a) Superintendents' Associations (Northern Valley Administrators Association and Bergen County Region III Council for Special Education)
    - b) Principals' Association (Principals Advisory Group)
    - c) Child Study Team Chairpersons
    - d) Regional teachers curriculum group (Instructional Council)
    - e) Regional school boards association (Joint Committee of Northern Valley School Boards)
    - f) Harrington Park Women's Club
3. Newspaper articles (See Appendix B.)
    - a) Record
    - b) Suburbanite
4. Newsletters (See Appendix B.)
    - a) Schools
        - (1) Closter
        - (2) Northern Valley Regional High School District
    - b) Borough of Harrington Park

EVALUATION OF INITIAL OUTREACH

Approximately one percent of target population was reached. The initial outreach procedures should be continued and expanded in the following ways:

1. Speaking at PTA Meetings.
2. Communicating with nursery schools.
3. Dissemination of 1974-75 Report to school administrators and other concerned people.
4. Speaking to school faculties.

B. Intake Procedures

1. Parents contacted the regional Curriculum/Special Education offices for application form. (See Appendix C.)
2. The parents learned about the project through child study teams, newspaper articles and nursery schools (which learned about the project also through the newspaper).
3. Upon receipt of the completed application, parents were contacted by the project Social Worker.
4. Once the instructional program was functioning, parents were invited to visit the PIE classroom.
5. Social Worker held intake interview with parents in the regional office or home to gather relevant background data. The Northwestern University Parent Questionnaire for Preschool Children was completed at this time.
6. Child was assessed by the project Psychologist Consultant unless a very recent psychological evaluation was available.

    a) Initial assessment included:

        1) a measure of the child's general level of intellectual functioning i.e. an IQ score.
        2) measures of functioning in areas of specific strengths and weaknesses.

    b) Administration of the McCarthy Scales of Children's Abilities was attempted with all six of the children referred in August. The McCarthy is a nationally standardized test published in 1972 for the intellectual assessment of young children, ages 2½ to 8½ years. The test includes tasks for the measurement of verbal, perceptual-performance, quantitative, memory and motor functioning.

7. A case conference of involved specialists was held. Recommendations were made to parents regarding either placement in the program or to another appropriate program or agency.

EVALUATION OF INTAKE PROCEDURES

The described intake procedures evolved through the experience of the initial intakes. The procedures were generally effective but may be improved by using the following recommendations:

1. Upon inquiry, the parents will be invited to visit the program.
2. If the parents are interested in enrolling the child, an application will be completed and releases signed.
3. The Social Worker will hold an intake interview. The Northwestern University Parent Questionnaire for Preschool Children was too long and many questions were not always clear or well worded. PIE will develop its own parent questionnaire which will include questions relating to sleeping and eating patterns of the child.
4. Psychologist Consultant will administer standardized tests.

    a) The McCarthy Scales of Children's Abilities did not prove to be as good an instrument for evaluating children referred to PIE as had been hoped. Difficulties with the McCarthy are:

        1) The test is too difficult. Only one child of the seven to whom the McCarthy was given was able to perform within the test limits on all subtests.
        2) Too much of the test score depends on expressive language ability.
        3) The test has a good deal of breadth, but not enough depth. There are too few items in each subtest. A good sampling of behavior in each area is not possible, especially with children functioning close to the test's lower limits.
        4) It is difficult to obtain the General Cognitive Index (the McCarthy IQ equivalent) because of its dependence on the administration of seventeen sub-tests and expressive language ability. It is therefore not possible to get an idea of the child's functioning in relation to the traditional IQ classifications.
        5) The test was too long for all of the children.

    The McCarthy's unique advantage over other tests of intellectual functioning is its Motor Scale, which enables measurement of a child's motor functioning in relation to children of the same age. The five sub-tests composing the Motor Scale should be included in a battery for next year.

    b) It is recommended that a measure of intellectual functioning using a standard measure should be obtained whenever possible. This is desireable in order to assess the child's development in comparison to a large sample of children of his/her age level. Based on the experience with the children referred to PIE thus far, the Stanford-Binet and the Merrill Palmer Scale of Mental Abilities appear to be the more appropriate tests. The Merrill-Palmer is appropriate for children who may be functioning below the Binet norms in one or more areas. Merrill-Palmer tasks begin at the eighteen month level. This test includes varied tests of motor, perceptual, language and cognitive development and many tasks do not require spoken language. Each task is individually normed so valid information can be obtained even if the entire test can not be administered.

c) The Motor Scale of the McCarthy should be used in order to assess gross motor functioning.

d) Social and emotional development had been evaluated using clinical judgment and parent reports. A more formalized measure might be developed which could serve as a base line measure of the child's development in these areas prior to the beginning of school.

5. After all the requested reports on a child have been received, the parents and child will be invited to the PIE classroom in the afternoon for a conference with the Psychologist Consultant and the Head Teacher.

6. The project Child Study Team will recommend whether the child can be best served by the project or if a referral to another agency or program should be made.

7. The Social Worker will discuss the recommendation with the parents and a mutually agreeable decision will be made.

C. Number and Description of Referrals: Eighteen children were referred to the project.

1. a) Eleven children were fully evaluated and accepted for preschool instruction. The children were classified according to federal guidelines as required. Three of the children were multiply handicapped.

Neurologically Impaired -5
Communication Handicapped - 3
Trainable Mentally Retarded - 2
Emotionally Disturbed - 1

b) The twelve children whose parents were interviewed, are all from white, middle class homes. Only two families had not had some evaluations done prior to seeking placement in PIE. Seven of the twelve children had some previous educational experiences, lasting from two weeks to a year. One child continued to spend one day a week in a play group while attending PIE for the other four days.

2. One child was fully evaluated and recommended for the program. His parents opted for a regular nursery school.

3. Two children were referred, but not fully evaluated since the initial assessment indicated that a regular kindergarten was a more appropriate placement.

4. Four children referred near the end of the project year are in the process of assessment.

EVALUATION OF NUMBER OF REFERRALS

More children can be accommodated in the identification service phase of the project.

The classroom experience of the first year indicates twelve children as a maximum number that can be effectively served under the supervision of one head teacher in the preschool instruction component of the project.

OBJECTIVE 2:

DEVELOPMENT OF A MULTI-DISCIPLINARY TEAM AND CREATION OF A LEARNING ENVIRONMENT FOR EACH CHILD

I. Staff Development

A. Team Members and Role Functions
(See Appendix D for list of staff members)

1. Administrators- The Project Co-Directors who also hold the positions of Director of Curriculum and Instruction and Coordinator of Special Education were responsible for budget, personnel, supervision of program and staff coordination with school programs and community relations.

2. The Head Teacher (full-time) was responsible for the educational program and the coordination, supervision and development of the teaching staff, and worked cooperatively with parents, school, and community members.

3. The three Assistant Teachers (half-time) performed the following duties:

a) Assisted the Teacher in all that pertains to the development and functioning of the children in the class.
b) Assisted with the housekeeping of the classroom.
c) Assisted in the preparation of educational materials, and with the care of equipment and materials.
d) Worked with individual children or small group(s), or the entire class under Teacher's supervision.
e) Worked with the Teacher and other staff members to develop a total educational program for the children.
f) Participated in parent-teacher conferences, and parent meetings, upon request of Teacher.

4. Consultants:

a) Social Worker (½ day per week) - was responsible for initial intake, on-going parent interaction and contributing to prescription development; liaison with schools and community agencies.
b) Psychologist Consultant (½ day per week) - was responsible for assessment of children and contributing to prescription development.
c) Speech and Language Consultant (1 day per week) - was responsible for speech and language assessment, contributed to prescription development, provided individual and group instructional experiences and consulted with instructional staff and parents.
d) University Consultants (as needed) - Provided consultation for program development and assessment, in-service staff training, and parent meetings; served as crisis resource persons.
e) Other Consultants - pediatric neurologist, psychiatrist, became involved as needed for assessment of specific children.

5. Volunteers - Three categories of volunteers were used in the program:

a) Four women came one day a week, on different days; three were community residents and one was a special education undergraduate student at a local college.
b) One high school student came daily for a five week period as part of her school work-study program.
c) Three high school seniors, enrolled in the regional high school child development course, helped every other Wednesday in the swim program.

Informal training was provided for volunteers by the Head Teacher. (See Appendix E for handouts given to volunteers.)

EVALUATION OF STAFF ROLE FUNCTIONS

1. Administration - First year arrangement worked very well and should be continued. The total job functions of the co-directors (curriculum and special education) facilitated communication and support between project and schools in the Region.

2. Head Teacher - This key role in the program was very effectively implemented. This is the most important role in building support and confidence of parents, school personnel, and community.

3. Assistant Teachers — The three instructional staff members ably functioned with the Head Teacher as a cohesive team, bringing a diversity of talents to the program.

4. Specialists - Generally, initial role expectations for the specialists were met. Based on the first year experience, it is felt that the specialists can be better utilized by programming time for regularly scheduled case conferences. The class is rapidly reaching maximum enrollment and a significant contribution of the specialist may be in identifying and diagnosing children having special needs and referring parents to other appropriate community agencies.

   a) Social Worker: Because of her regional role as member of several local districts' child study teams, the Social Worker's effectiveness was greatly enhanced. She was experienced with the families and resources of the region. Five additional days spread through the year would permit more follow through with parents and regular PIE staff case conferences. Essentially the role will remain as described.

   b) Psychologist Consultant: The Psychologist's services were not used as often as anticipated. In addition to intake responsibilities, the psychologist will do pre and post-testing using Pre School Attainment Record (Doll - 1966) and will case conference on a regular basis with the PIE staff.

   c) Speech and Language Consultant: In addition to described responsibilities, the Speech and Language Consultant will case conference on a regular basis with the PIE Staff. and will meet with parents to develop home training programs.

   d) University Consultants: The project benefited greatly from the services of the University Consultants who provided support, insights and specific information on curriculum and child study. Services should be continued as described.

e) Other Consultants: Next year all children should be assessed for vision and hearing by appropriate specialists. Additional consultants for parent counseling, parent education, staff development and school and community outreach should be utilized.

The total staff has functioned effectively as a team. Some increase in time has been recommended for the roles of Social Worker and Speech and Language Consultant; some reduction in time has been recommended for the role of the Psychologist Consultant.

B. Staff Development Procedures

1. Initially Head Teacher met with Project Directors to clarify role and procedures.

2. On September 13, 1974, the entire staff met all day with University Consultants to develop an overview of program and procedures.

3. During the two weeks before school started (weeks of September 16th and 23rd) the Head Teacher and the Assistant Teachers (two initially) utilized their time in team building, curriculum development, and preparing the classrooms.

4. Throughout the year, meetings of the instructional team were held daily from 8:30 - 9:00 and 12:00 - 12:30. These meetings were devoted to setting up and assessing curriculum and discussing observation and evaluation of individual children's prescriptions. In addition, Assistant Teachers met voluntarily with the Head Teacher one afternoon per week.

5. Specialists predominently conferred with Head Teacher rather than with the entire staff, except for Speech and Language Consultant who participated in the classroom program and met with staff on the days she participated.

6. Ten meetings with all or part of the staff were held with the University Consultants. At one of these meetings both consultants participated. The entire staff attended five two hour sessions of an Inservice Workshop co-sponsored by the PIE Program and the regional offices of Special Education and Curriculum and Instruction. (See Appendix F for description of workshop.) The entire instructional staff also attended conferences at William Paterson College and the Association for Children with Learning Disabilities. Team members attended conferences at Rutgers, Trenton, and the State University of New York - College at New Paltz.

EVALUATION OF STAFF DEVELOPMENT PROCEDURES

The amount of time and effort directed toward staff development and team building resulted in a cohesive, enthusiastic, extremely hard working staff who were very sensitive to the individual and collective needs of the children and their parents.

Recommendations for 1975-76:

1. Specialists to be utilized in a more structured and regular way. Six full-staff meetings in the fall and six full-staff meetings in the spring to be held semi-monthly. Major purpose of these meetings will be case conferences on individual children and their relationship to the total group functioning.

2. The assistant teachers have previously attended some staff meetings on a voluntary basis. Assistant teachers should be compensated for the recommended twelve staff meetings.

3. The project benefited from the regular attendance, reliability and special strengths of the individual volunteers (instrumental music ability, special education, cooking and art talents). The volunteers also made an important contribution to the program in helping to make it possible for the staff to work on a one-to-one basis with certain children.

   Additional volunteers would be welcome (with a goal of two per day) of senior citizens, high school students, teacher education students, etc. The informal orientation and training provided was effective. However, more formal presentation, such as an occasional workshop for volunteers, and possibly, potential volunteers would be helpful. Volunteers may be invited to attend staff conferences.

II. Creation of a Learning Environment for Each Child

The PIE Program is located at St. Anthony's School, Northvale. The indoor facility consists of two separate classrooms, 22' x 30'. Bathroom facilities are located off the main corridor. The first room is used as the main classroom. Half of the classroom floor is carpeted. It is divided into various learning centers, namely, manipulatives, blocks, housekeeping, music, language arts, art. The second classroom serves as a gross motor activity area, staff meeting room, testing and individual work area.

The outdoor facility consists of a paved asphalt yard, which is not utilized by the program.

The main bulletin board in the PIE classroom reads: "THERE'S NOBODY EXACTLY LIKE YOU," with a mirror underneath and action pictures on either side. The children's work is displayed at their level.

The program started with virtually empty rooms. Most equipment and materials did not start arriving until the latter part of October. Initial equipment consisted of loaned furniture from St. Anthony's school (30" x 72" adult height table and chairs and six child-sized desks, a piano, and teacher's desks in both rooms.) Materials were mainly teacher-made or donations. Some of the home-made Montessori-type materials were tactile numbers and letters, sound cylinders, counting box and sticks. Other homemade items were matching activities, hop skotch, number footsteps, puppet theatre and puppets, fishing game, color boxes, origami, math and language instructional materials. Donations included gross motor equipment (tricycle, table games, dress-up clothes). Donated carpet mats were used during group activities and rest time. By the end of October, most equipment and materials had arrived.

The equipment is child-sized. Materials are placed at the children's level and are easily accessible. (See Appendix G for listing of some of the instructional materials, including records, filmstrips, children and professional books.) While many materials were purchased, a number of very useful materials were teacher-made.

EVALUATION OF LEARNING ENVIRONMENT

St. Anthony's School provides an adequate school facility in that there is ongoing contact with the principal, staff and students, who come in to visit the preschool and are very supportive of the program. There are also "bathroom and hallway meetings." At Christmas time, the lower grades invited the PIE children to see their Christmas play in the auditorium.

As for the physical plant of the preschool, three deficits were encountered: the lack of a doorway between the two rooms; the lack of a bathroom facility in the main classroom; and the unavailability of a grassy, outside play area with equipment. Presently, the second room serves as a substitute for an outside area. The children are also taken outdoors for walks in the neighborhood.

The classroom environment is satisfactory and facilitates self-initiation of activities. The atmosphere is a visually attractive, happy, low-keyed one, designed to facilitate the children's learning. The environment needs to be continually assessed so as not to be cluttered or overstimulating. Effort must be made to alternate material rather than to have all material readily available. The major expenditure for materials next year will be for supplies, since, in general, the preschool is adequately equipped.

OBJECTIVE 3:
DEVELOPMENT AND IMPLEMENTATION OF PERSONALIZED PROGRAMS FOR PRESCRIPTIVE TEACHING

I. Prescription Development

During the first several months of the program, the development of the prescriptions consumed a major amount of the instructional staff's time. The goal of the prescription was to develop a program that would facilitate individual growth and yet promote a cohesive group learning environment.

A. Individual Prescriptions

The initial diagnoses indicated that the children were very diverse in their needs. In order to develop and implement personalized programs for prescriptive teaching, the Zeitlin-Nichols' Personalized Learning System (PLS) was adopted. The PLS enables one to cover all aspects necessary for individual prescriptions. It sets the parameters for ongoing diagnosis, prescription and evaluation, taking into account what affects the child. The four parts of the System are Diagnosis, Prescription, Implementation and Evaluation. (See Appendix H for system design and diagnostic variables.)

In order to collect data on the diagnostic variables of the PLS, the Psychologist's and Social Worker's reports were utilized, observation guidelines were established and an observation sheet was developed. The following published evaluation materials were also used to collect data on the five areas of child development Denver Developmental Screening Test, Preschool Attainment Record, Vineland Social Maturity Scale, Kennedy Child Study Center Progress Report and School Before Six Social-Emotional, Language, Large, Small and Perceptual Motor Checklists, as well as Learning Accomplishment Profile.

Figure I summarizes the items passed by the children in the PIE program by age period on the Preschool Attainment Record and describes the wide range of development of the children. While there were ten children enrolled in the program, the tenth child entered late in the school and therefore was not fully evaluated.

FIGURE I

PRESCHOOL ATTAINMENT RECORD
SUMMARY OF ITEMS PASSED BY AGE PERIOD*

CA*	Child	0-.5	.5-1.0	1.0-1.5	1.5-2.0	2.0-2.5	2.5-3.0	3.0-3.5	3.5-4.0	4.0-4.5	4.5-5.0	5.0-5.5	5.5-6.0	6.0-6.5	6.5-7.0
3-11	I	8.0	8.0	8.0	7.5	6.0	7.0	5.5	6.0	4.5	3.5	4.0	2.0	3.0	3.0
3-10	II	8.0	8.0	8.0	7.5	6.0	3.0	6.5	1.0	.5	2	1.5	0	0	1.0
4-5	III	8.0	8.0	8.0	8.0	7.0	6.0	5.0	3.0	3.5	1.5	4.5	3.0	1.5	1.5
4-10	IV	8.0	8.0	7.5	6.5	7.0	4.5	6.0	3.0	2.5	2.0	2.0	1.5	0	1.5
4-5	V	8.0	8.0	8.0	8.0	8.0	8.0	8.0	6.0	7.5	4.5	5.5	3.5	2.5	2.0
5-2	VI	6.0	8.0	6.5	4.5	6.5	6.5	6.5	4.5	2.5	.5	3.0	.5	1.0	1.0
5-10	VII	8.0	8.0	8.0	7.5	7.0	6.5	7.0	4.0	4.0	1.5	4.0	2.5	2.0	2.5
4-0	VIII	8.0	7.0	6.0	4.5	2.0	2.0	.5	0	.5	0	0	0	0	.5
3-10	IX	8.0	7.0	7.0	7.0	6.5	4.0	6.0	2.5	2.0	.5	3.5	2.5	.5	.5

*At time of administration

Child	Age	Sex	Classification
I	4-13-71	M	NI-hyperactive
II	1-8-71	M	NI-hyperactive
III	5-9-70	M	NI-maturation lag
IV	4-8-70	M	TMR-Downe's Syndrome (cleft palate)
V	1-7-70	M	ED-Autistic
VII	1-5-69	F	TMR-Downe's Syndrome
VIII	10-17-70	M	NI-No speech-possible MR
IX	12-25-70	F	NI-Spina Bifida

(See appendix for each child's objectives)

PAR covers eight areas of development: ambulation, manipulation, rapport, communication, responsibility, information, ideation and creativity

Collected data was examined and interpreted to determine educational goals and priorities. Specialists and consultants were utilized. Specific objectives and teaching strategies were then developed for each of the children. (See Appendix I for description of each child and objectives set for each of them.)

The initial diagnostic process for the original six children took until the end of December. A prescription was developed for each of the children in the various areas of his/her development and the Head Teacher instructed the Assistant Teachers and volunteers with regard to implementation of same.

Another source of data for prescription development were the following diagnostic tests administered to the children by the Speech and Language Consultant at the beginning of the school year or as they entered the program:

> The Peabody Picture Vocabulary test was administered to nine of the ten children. It was not applicable to the special needs of one of the children.
>
> The Verbal Expression test of the Illinois test of Psycholinquistic Abilities was administered to two of the children.
>
> The Photo Articulation test was administered to nine of the ten children.

It was noted that all children assessed had some problem related to delayed language.

EVALUATION OF PRESCRIPTION DEVELOPMENT

On the whole, the Personalized Learning System was effective in creating personalized prescriptions. The greatest difficulty was the accumulation of the baseline data. Too much time was needed and too many instruments were used. There was a lack of flexibility in the individual methods.

The following is a short evaluation of the individual instruments used to collect baseline data:

> Denver Developmental - The Instructional Staff was not familiar with the administration of the test; constant reference to the manual and proper setting up of tasks was very time consuming. In addition, because of need for manpower in the classroom during the morning, having an instructional staff member take a child out of the room to work with was often difficult to do.

Preschool Attainment Record (PAR) - Easier to administer and provides normative data. Much of the information could be filled in by means of observation of child in class setting. Box of materials needed for administration of specific tasks was set up. Evaluation was subjective for the most part. There was a general tendency to be "overgenerous" in scoring on the part of the instructional staff.

Vineland - Easily filled out by Head Teacher after several weeks of observation.

Kennedy - Useful in educational planning, especially in self-help area.

School Before Six Checklists - Excellent; used as basis for diagnosis, prescription and evaluation in the various areas of development. Provided excellent guidelines for observation. Social-Emotional Checklist is particularly useful. Does not provide normative data.

Learning Accomplishment Profile - Provided a hierarchy of developmentally appropriate behaviors in various areas of development, which was useful as a guide in writing of prescriptions.

Since PAR seemed to be the easiest instrument to administer and provided much useful normative data, it is recommended that it be adopted in totality as a pre and post-test for the program. Because of the subjective quality of the PAR, the psychologist, trained in child development and testing, will be responsible for both administrations of the PAR. This will provide a higher degree of objectivity in the administration of the test. Parts of other assessment instruments previously described will be used as needed for educational planning. A different diagnostic tool for the measurement of auditory reception is recommended. Although the children responded well to the Peabody Picture Vocabulary Test, a question of its appropriateness arose. Many children with special needs respond first to visual stimuli and only secondarily to verbal/auditory reception stimuli. The use of the assessment instruments was supported by daily classroom observations of the entire team. This should be continued.

The use of objectives provided a rational base for program planning and assessment. It provided a system of evaluation which allowed for the wide range of educational needs of the children, but could also be used as a way of total program assessment.

B. Group Learning Environment

Because of the diversity of the children's needs, arriving at a daily schedule was a difficult task. Transition from one activity period to another was difficult for some of the children; changes had to be tried gradually so as to avoid upset on the children's part. After one month of on-going evaluation, and resultant changes, a daily routine was established which met the children's needs.

The daily routine will be discussed under implementation.

II. Prescription Implementation

The implementation of the prescription had two facets; to meet each child's individual objectives and to help each child to function as a group member.

Instruction was structured, prescriptive and individualized. Emphasis was on capitalizing upon the children's interest as a means of carrying out the prescriptions. The carefully designed and structured environment, and specially selected materials facilitated the children's self-initiation of activities.

Self-initiation of activities in various learning centers was encouraged during the first part of the morning. The staff capitalized on the child's involvement in activities of his/her choice as a means of implementing each child's prescription. Children were sometimes encouraged, but never forced, to engage in activities which staff felt would benefit that particular child. Self-initiation of activities was stressed during the gym period later in the morning. There were also teacher-directed group activities, such as the Good Morning Meeting, Snack Time, Storytime and other concluding activities for the morning.

The curriculum was an eclectic one, as it was felt that no one established program would satisfy all of the children's needs. Aspects of the Montessori philosophy have influenced the development of the PIE curriculum: that a young child is capable of an interest in learning and that he must have a suitable environment for the realization of his learning potential; that sensorial education is important to cognitive development; that you must look to the child for basic direction; that one should discipline for activity, not passivity or obedience and that children LEARN BY DOING. The PIE environment was structured. Independence and responsibility were stressed. There were basic ground rules. New concepts were often introduced by using the Montessori "three part lesson."

Language development was stressed in the program, since most of the children have speech and/or language disorders. Social-emotional development was another area of top priority.

Every other Wednesday, the children were taken swimming at the Forum School in Waldwick. This provided the children with an opportunity to practice self-help skills, allowed for increased body contact, physical stimulation and an excellent social experience. The twenty minute bus trip was a scenic one, which the children enjoyed.

Language stimulation was provided during travel, through singing and conversation.

At Christmas, a trip was taken to see Santa and his animals. This was also an enriching experience for the children. Trips were also taken to a county park, a boat dock and McDonalds.

Incorporated in the structured program were interactions which were designed to help each child meet their prescribed objectives. The entire instructional staff was aware of each child's objectives. For example, one child had ten motor development objectives, one of which was "to jump up and down with two feet." During the course of the day, through use of records, dramatic play and games such as "Follow the Leader," the child was encouraged to perform the task, first by holding on to teacher's hand or table and then by doing it independently.

In the social-emotional area, an objective for one of the children was "to lessen amount of self-stimulation." When the child started to engage in this type of activity, the unacceptable behavior was stopped by the teacher, the child was redirected to a more acceptable behavior and the desireable behavior was approved.

An objective in the language development area for one of the children was "to produce words starting with p, b, m and k on demand. This was accomplished by capitalizing on his interest during the course of the day and by the entire instructional staff encouraging him to verbalize, imitate, and voluntarily initiate words starting with these speech sounds. Activities such as flannel board, puppetry, housekeeping, etc. were used.

In the area of cognitive development, one child had five objectives, one of which was "to follow two step directions." During the course of the day, the child was encouraged to carry out a variety of two step commands. Positive social reinforcement was provided upon completion of the tasks.

Figure II summarizes the total number of objectives for each child and how they were met.

FIGURE II

P I E
YEAR END CHILD PROGRESS EVALUATION SUMMARY SHEET

Child	No. of Objectives	+	±	-	N
I	24	15	5	4	
II	25	16	4	2	3
III	29	19	7	3	
IV	25	16	4	3	2
V	31	26	5		
VI	23	7	11	3	2
VII	27	14	6	7	
VIII	26	14	9	3	
IX	26	15	8		3
	236	142	59	25	10
		60%	25%	11%	4%

Key:
+ Objective Met
± Objective Partially Met
- Objective Not Met
N No opportunity to evaluate objective or no response when evaluation was attempted

Method of evaluation: Informal testing or observation

(See Figure I for developmental description of children)

Figure III separates the objectives for each child into the four major areas of motor, social-emotional, language and cognitive development and indicates how adequately they were met. (See Figure III.)

FIGURE III

YEAR END CHILD PROGRESS EVALUATION SUMMARY SHEET

Child	Motor Dev.					Soc-Emo. Dev.					Lang. Dev.					Cognitive Dev.				
	# of Obj.	+	±	-	N	# of Obj.	+	±	-	N	# of Obj.	+	±	-	N	# of Obj.	+	±	-	N
I	6	6				8	5	2	1		4	1	3			6	3		3	
II	10	7	2	1		3	1	2			4	4				8	4		1	3
III	12	8	2	2		5	3	2			5	5				7	3	3	1	
IV	10	7	2	1		3	3				6	2	2	2		6	4			2
V	8	6	2			9	6	3			6	6				8	8			
VI	7	5		2		5		5			6		5	1		5	2	1		2
VII	8	7		1		5	1	2	2		4	2	2			10	4	2	4	
VIII	10	6	2	2		5	3	2			5	1	3	1		6	4	2		
IX	8	7	1			5	3	2			4	2	2			9	3	3		3
Total 236 obj.	79	59	11	9		48	25	20	3		44	23	17	4		65	35	11	9	10
% 100	33%	75%	14%	11%		20%	52%	42%	6%		19%	52%	39%	9%		28%	54%	17%	14%	15%

Key:
+ Objective Met
± Objective Partially Met
- Objective Not Met
N No opportunity to evaluate objective, or no response when evaluation was attempted

(See Figure I for description of children)

Method of evaluation: Informal testing or observation

Figure IV summarizes the evaluation of the objectives. Of the 236 objectives for the nine children who were assessed, 60% of the objectives were fully met, 25% were partially met, 11% were not met and 4% there was no opportunity to evaluate objective or no response.

FIGURE IV

SUMMARY EVALUATION OF OBJECTIVES

	Total Obj.		Motor		Soc.-Emo.		Lang. Dev.		Cog. Dev.	
	No.	%	No.	%	No.	%	No.	%	No.	%
	236	100	79	33	48	20	44	19	65	28
+	142	60	59	75	25	52	23	52	35	54
±	59	25	11	14	20	42	17	39	11	17
-	25	11	9	11	3	6	4	9	9	14
N	10	4	0	0	0	0	0	0	10	15

Key:
- + Objective Met
- ± Objective Partially Met
- - Objective Not Met
- N No opportunity to evaluate objective or no response when evaluation was attempted

Method of evaluation: Informal testing or observation

The motor objectives were most effectively met in that 75% were achieved. Least successful results were in the area of cognitive development in that 19% were not met or were unable to be assessed. The method of evaluation used was informal testing or observation over a period of time by the instructional staff.

Some informal assessment was done by videotaping and viewing particular children and portions of the day's activities.

Figure V describes the typical PIE morning.

FIGURE V

ACTIVITIES FOR A TYPICAL MORNING

9:00 - 10:10	Student Arrival, Individualized Work Period, and Clean-Up Learning Centers Manipulatives Blocks Housekeeping Music Language Arts Art
10:10 - 10:20	Bathroom
10:20 - 10:40	Class Meeting
10:40 - 10:50	Snack Time and Clean-Up
10:50 - 10:55	Quiet Time
10:55 - 11:25	Gym
11:25 - 11:45	Concluding Activity of Day Story Music Art, or Filmstrip
11:25 - 12:00	Outdoor, weather permitting

EVALUATION OF PRESCRIPTION IMPLEMENTATION

Though prescriptions are summarized, diagnosis and prescription were an on-going process. After the first few months where tremendous energies were expended developing the prescription, it was found that the personalized system works and that using objectives as a basis for personalized learning is effective in that it provides guidelines for the staff and a specific program for the child. With increased experience, formulation of objectives will be more precise and therefore easier to objectively assess their attainment. The validity of the objectives was confirmed by the combined expertise of the entire staff.

The forms which were developed facilitated the creation and assessment of the objectives. These forms included: Observation Sheet, Guidelines for Observation; Child Evaluation Summary Sheet, Prescription Form. (See Appendix J: Observation, Evaluation and Prescription Forms.) Mid year, and at the end of the year, the Child Evaluation Summary Sheet was used to assess the appropriateness of objectives and how well they were achieved. (See Appendix J.) The forms and procedures which ultimately evolved were found to be effective.

A strength of the program was the typical flexible nursery school setting. Modifications were made to adapt to individual special needs. Children learned routines and much group interaction ensued. It was a very active learning environment in which planned and incidental learning took place.

The Educational Objectives specified in the original proposal (see Appendix K) have been restated into individual objectives for each child (prescriptions) and have been assessed accordingly. (See Figure IV.)

The use of the Personalized Learning System including the development of individual learning prescriptions within the environment of a nursery school setting was seen by the total staff as most productive and its continuation is recommended.

At the end of the year there were ten children enrolled in PIE. Six will continue next year. One child moved from the area. One child will attend a regular kindergarten program. One child is going to a public school special education class for trainable mentally retarded children which incorporates some experience in the mainstream. The fourth child will attend a private special education facility for the trainable mentally retarded. For placement, the PIE staff met with the personnel of the new schools and discussed the children. More dialogue of a similar type is necessary. (See Objective 5.)

Provisions need to be designed for follow-up of these children.

OBJECTIVE 4:
INVOLVEMENT OF PARENTS OF HANDICAPPED CHILDREN IN THEIR CHILD'S PERSONALIZED LEARNING PROGRAM

Children's needs are met most effectively when parents are perceived as important members of the educational team. Ideally,the parents' role should have the following components:

> Understanding the nature of the child's special needs so that appropriate expectations can be set.
>
> Involvement in the child's educational prescription:
> To understand the school's philosophy and program.
> To complement the school's program by following through at home.
>
> Understanding how their personal needs can be met while caring for the child.

An activity record of parent involvement was kept.

I. Communications With Parents

A. Parent Orientation

1. The week before school started, each parent was invited to visit the school with his/her child for a short personal meeting with the instructional staff. Plans for the program were described to the parents and questions were answered. A concern expressed by some parents was "who are the other children in the program?"

2. A Parent Orientation Meeting was held on the morning of September 27, 1974 with the staff and both University Consultants present. The agenda of the meeting was for everyone to become acquainted and for the routine of the program to be described. A parent information booklet was distributed. (See Appendix L.) This meeting was perceived as a first step in the development of a cohesive staff-parent relationship.

B. Formal Reports to Parents

Individual conferences to discuss each child's progress were held by the Head Teacher with the parents in January, March and May (three held at home, rest in classroom). The teacher went over the Child Evaluation Summary Sheet for the child, discussed individual prescriptions and described the child's progress toward meeting the objectives. Objectives were added as earlier ones were met. No written report was given to the parents at these times. The Year End Child Progress Evaluation was sent to each parent. The Evaluation summarized objectives set for the child and how well they were met. It also included a descriptive paragraph summarizing the child's experience in the program. (See Appendix M.)

C. Informal Reports

Parents transported children to and from the preschool. The interludes at the beginning and end of the morning were used for informal interaction between parents and staff. Highlights of the day were shared with the parents. Parents were always invited to stay and observe. Often a parent chose to stay on for a short time and observe through the classroom door window. All the parents, but one, spent at least one morning visiting in the classroom as observers. Telephone conferences were held as needed.

D. Parent Meetings

Six parent meetings were held throughout the year:

September 17, 1974 - Orientation Meeting

November 14, 1974 - Roberta Steinman, Head Teacher discussed various aspects of the program with the parents.

January 23, 1975 - Suzanne Haviv, PIE Speech and Language Consultant spoke to the parents about various factors that may delay a child's speech development and gave each parent written information on "Parent Guidelines for Speech Development."

March 6, 1975 - Dorothy Thompson, Learning Disability Teacher Consultant, Child Study Team Chairperson, Demarest Schools, gave the PIE parents some insight as to the role of the Elementary School Child Study Team and how they could assist their children prior to and after entering the local elementary schools.

April 1, 1975 - Dr. Shirley Zeitlin, PIE University Consultant led the parents in a group interaction session, at which time various concerns and anxieties relating to the parents' role and child's future were discussed.

May 22, 1975 - Roberta Steinman, Head Teacher, coordinated a Parent Evaluation Meeting. "Evaluation Questionnaire For Parents" was distributed, completed, summarized and discussed. (See Appendix N for Questionnaire and compilation.)

EVALUATION OF PARENT INVOLVEMENT - COMMUNICATIONS

Many steps have been taken to meet the goals for parent involvement, but the combined team analysis of this component indicates a need for more concentration in this area.

A. Parent Orientation should be continued as an introduction to the program for new parents and as a way of sharing again with continuing parents. It is recommended that the philosophy of the program be discussed at this time.

B. Formal Reports - Three scheduled meetings a year seemed adequate. The format might be changed whereby written reports of the child's program be given mid-year and year-end with a copy for the parents to take home. The format used for reports was satisfactory.

C. Informal Reports - Most parents indicated a need for more informal contacts. They are looking for more information regarding what was done at school and how to follow through at home.

1. Recommendations:

   To meet the parents' expressed needs, the following will be tried next year:

   a) A one-page informal dittoed newsletter which might highlight events of the past month, suggest activities to be tried at home and describe literature, meetings and other resources of interest to parents.

   b) In addition to meeting with parents at the beginning and ending of sessions, telephonings and having other informal conferences, the Head Teacher and each of the three specialists will set aside the half-hour period, 11:30 to 12:00 at which time they will be available to discuss various matters with parents.

D. Parent Meetings - The parent meetings were generally well attended by mothers. As many as 50% of the fathers also attended some of the meetings.

On the basis of past experience and the Parents' Questionnaire, the following meetings are planned for next year:

September -	Orientation Meeting
October/November -	Three bi-weekly group sessions, with a psychologist as a facilitator, directed toward meeting individual needs and building mutual support within a cohesive group. All staff members will be included in these sessions.
January -	Speaker - Child Development Topic "How Normal is Normal?"
March -	Pediatric neurologist with educational focus
April -	Joint meeting at PIE Preschool with relevant local community agency, i.e. Association of Children with Learning Disabilities.
May -	Parent Evaluation Meeting similar to one previously held should be continued with all staff members attending. The evaluation form was seen as effective with minor revisions.

II. Services Provided To Parents

A. Parent Education

1. Books and Pamphlets

   Each parent was given a copy of What Do We Do Today Mommy?, (Education Research Council of America).
   Copies of Learning Through Play (Mazzollo) and I Saw A Purple Cow, (Cole and others) were borrowed by the parents.

2. Workshop Attendance

   All parents were invited to attend an in-service workshop given by the Head Teacher for public school personnel. Two parents attended.

   One parent attended a lecture at Association for Children with Learning Disabilities.

B. Parent Counseling

1. The Social Worker met with one parent at the parent's
2. Two families sought referral for family therapy or help with child management. One family has carried through on this. There has also been a request for intervention with the local child study team.
3. There were many informal statements on the part of the parents for counseling-type help, but they were not translated into concrete action.

EVALUATION OF PARENT INVOLVEMENT - SERVICES

A. Parent Education

Educational efforts will be expanded by increasing the resource library,having one workshop - "Invitation to Play" and distributing a newsletter. Increased recommended "at-home" activities will be included in the newsletter as discussed earlier. Parents will continue to be invited to all PIE Workshops.

B. Parent Counseling is an area where much additional work is needed. A goal of the three group meetings (October-November) is to help parents become more in touch with their individual needs. As awareness emerges, PIE Specialists will be available for individual counseling and referral to appropriate community agencies. The role of the PIE Specialist is for counseling which is directly related to the child.

III Assistance Provided By Parents

A. Parents As Volunteers

Parents served as volunteers in the following capacities:

1. Provided refreshments for meetings and parties and assisted at parties.
2. Accompanied children on trips - swimming, to see Santa.
3. Conducted workshop to make gifts for children.
4. Played Santa Claus at Christmas.
5. Assisted child in the use of her new braces.

B. Parents As Members of the Advisory Committee

Three parents volunteered to serve as members of the PIE Advisory Committee. They participated as active members of this committee in acting as a sounding board for ideas proposed by the Co-Directors and providing guidance for overall direction of the project.

EVALUATION OF PARENT INVOLVEMENT - ASSISTANCE

A. Parents As Volunteers

Parents were helpful as volunteers. They will be encouraged to continue and increase their involvement.

B. Parents as Members of the Advisory Committee

Parent involvement was very satisfactory and will continue to be encouraged.

OBJECTIVE 5:

IMPLEMENTATION OF COMMUNITY OUTREACH TO FACILITATE MAINSTREAMING OF THE CHILDREN

The PIE Program is a first step on the educational ladder. To continue their progress, children's needs must be recognized and responded to in subsequent educational experiences. To this end, outreach was implemented in the following ways:

Advisory Group - An advisory council of 12 members was formed. (See Appendix O for list of members.) The council met twice during the year and discussed overall purpose and direction of the project.

Presentations were made by the Project Directors and/or Head Teacher to the following groups:

1. Joint Committee Northern Valley Administrators Association
2. Principals Advisory Group
3. Instructional Council
4. Child Study Team Chairpersons Advisory Committee
5. Harrington Park Women's Club
6. Two Advisory Group Meetings of PIE Project
7. Meeting of Bergen County Special Education Coordinators
8. Inservice workshop for primary grade educators

Visits to the program were made by representatives of the following groups:

1. Friends Neighborhood Nursery School
2. Creative Camps
3. Montessori Associates
4. Association for Children with Learning Disabilities
5. Ringwood Public School
6. Teachers College, Columbia University
7. Gateway School, New York City

Meetings were held with the following schools to facilitate placement of children the following year.

1. Cresskill
2. Harrington Park
3. Felician School (Lodi)
4. Demarest
5. Old Tappan

Media Development

1. A twenty minute narrated slide presentation was developed to communicate the purposes and activities of the PIE Project.
2. A photo album of the program's highlights was kept.
3. Video tape is presently used for instructional purposes. As proficiency with this equipment develops, it is anticipated that this form of media will be utilized for dissemination purposes.
4. An original song "Amen and Enjoy," was written for the project by one of the volunteers.

Press Releases

Articles regarding the program appeared in several local newspapers. (See Appendix B)

EVALUATION OF COMMUNITY OUTREACH

The Advisory Group functioned adequately and should be continued in the present format.

The presentations made to various groups were well-received and resulted in referrals, community-awareness, and support for the project. It is recommended that a letter be sent to school and community organizations indicating that the Head Teacher and staff will be available for a presentation at their meetings. Invitations for visitations will be extended to appropriate groups. A PIE guest book will be maintained.

The in-service series offered last year was extremely well-received. (See Appendix P for summary evaluation.)

Workshop plans for next year are directed toward three professional groups: pediatricians, early childhood personnel, and school administrators.

Media facilitates more graphic presentation of the program. When used, it has been well-received. It is recommended that more media be developed, particularly utilizing video tapes.

Press coverage widens the scope of community outreach. Additional effort is recommended. A volunteer may be designated to assist in this area.

CONCLUSION

All of the objectives of the program have been met. The cohesive staff was able to implement the philosophy that handicapped preschool children are much like their typical counterparts and that a nursery school program as developed in the PIE Project is an effective learning environment for these children.

It is recommended that the program continue in essentially the same format for next year with the recommendations indicated above.

The entire staff, parents and children have been engaged in an extraordinary and most human effort.

Sentiments of appreciation for the PIE Project were so beautifully expressed when at the end of the school year, the parents presented the staff with plaques which read:

Certificate of Appreciation

PRESENTED TO

THE TEACHERS AND VOLUNTEERS
OF THE P.I.E. PROJECT

ON THIS SECOND DAY OF JUNE,
NINETEEN HUNDRED SEVENTY FIVE
FOR OUTSTANDING DEDICATION
AND DEVOTION TO OUR CHILDREN

WITH SINCERE THANKS AND MUCH GRATITUDE

THE MOMS & DADS

Certificate of Appreciation

PRESENTED TO

THE STAFF OF THE P.I.E. PROJECT

ON THIS SECOND DAY OF JUNE,
NINETEEN HUNDRED SEVENTY FIVE
FOR OUTSTANDING DEDICATION
AND DEVOTION TO OUR CHILDREN

WITH SINCERE THANKS AND MUCH GRATITUDE

THE MOMS & DADS

APPENDICES

Appendix A

July 31, 1974

Dr. Milton A. Arky
Closter Medical Group
Closter Dock Road
Closter, New Jersey 07624

Dear Dr. Arky:

We would like to bring to your attention the initiation of a project for preschool handicapped children in the Northern Valley area.*

This federally funded project is called Preschool Instruction for the Exceptional. It is designed to identify and provide instruction for children ages three through five, having any of the following kinds of handicaps:

- mental retardation
- emotional disturbance
- neurological impairment
- communication disorder
- physical handicaps (ambulatory)
- multiple handicaps

In your professional position you may know of such children who may benefit from a preschool program. We would appreciate any assistance you may give in informing parents living in the communities listed below, regarding this new educational opportunity.

Parents may obtain further information and an application form by calling the Curriculum Center (768-3541).

Thank you for your help.

Sincerely,

Carmine A. Salierno
Coordinator of Special Education

Edward A. Ciccoricco
Director of Curriculum and Instruction

*Alpine, Closter, Cresskill, Demarest, Harrington Park, Haworth, Northvale, Norwood, Old Tappan.

Appendix B-1

Article from - THE RECORD, May 23, 1974

Preschool slated for handicapped

By JOHN H. KUHN
Staff Writer

What is believed to be the first preschool program for children with emotional or physical handicaps will be started in September in a nine-town area of Northern Valley.

The program has been awarded a $36,000 grant under the Title 6 program of the Department of Health, Education, and Welfare, it was announced yesterday by Dr. Edward Ciccoricco, director of curriculum and instruction for the Northern Valley Regional High School District.

Dr. Ciccoricco, who designed the program with Carl Salierno, said the project will be aimed at identification and diagnosis of 3- and 4-year-olds who show moderate to severe mental retardation, emotional disturbance, physical handicaps, or multiple handicaps. Salierno is coordinator of special education for Bergen County Special Education Region 3.

A half-day program will be offered for up to 15 children. The program will attempt to increase the child's self awareness and enhance his self esteem, hasten sensory and perceptual development, improve language, communication, and cognitive skills, and lead to social and emotional development.

Towns that will participate are Alpine, Closter, Cresskill, Demarest, Harrington Park, Haworth, Northvale, Norwood, and Old Tappan.

The program will provide parents an alternative to expensive private preschool programs, for these children, according to the sponsors.

Children will be screened from an anticipated 75 to 100 referrals from local school officials, physicians, and agencies.

The program will have a full-time teacher, two aides, and the part-time services of a psychologist, social worker, learning disabilities, consultant, and project directors Ciccoricco and Salierno.

Ciccoricco said the program is intended to ease the child's entry into public school classes or into a suitable educational program.

Parents and other volunteers will be asked to assist.

Appendix B-2

The Superintendent's BULLETIN

NORTHERN VALLEY REGIONAL HIGH SCHOOL DISTRICT — DEMAREST, N. J. — OLD TAPPAN, N. J.

June 4, 1974

PRESCHOOL SLATED FOR HANDICAPPED

The Title 6 Program of the Department of Health, Education and Welfare awarded a $36,000. grant for a project Dr. Ciccoricco, Director of Curriculum and Instruction at Northern Valley, designed with Carl Salierno, Coordinator of Special Education. The project will be aimed at identification and diagnosis of 3 and 4-year-olds who show moderate to se mental retardation, emotional disturbance, physical handicaps or multiple handicaps. This program will be started in September in the nine-town area of Region III.

Appendix B-3

Article from THE RECORD, October 23, 1974

Special class helps handicapped

Tots get ready for school

By JOHN H. KUHN
Staff Writer

Six preschool children, all with learning difficulties, have started a program aimed at getting them ready for school by getting them used to being with each other.

"Intervention at an early age could make ll the difference in the world," said Dr. Edward Ciccoricco, codirector of the program.

Funded with a $36,000 grant from the state Department of Education, the program, which began last month, is sponsored by Region III, a special education district which includes nine towns.

In the short time the class has been going at St. Anthony's Parochial School in Northvale — the only space available — teacher Roberta Steinman has seen changes in the 3 to 5 year olds.

"They are developing a sense of security in a relationship with other children," Mrs. Steinman said. She noted that the more handicapped children have had little chance to socialize with other youngsters outside their own family.

A prime objective is to get the children to communicate. Some have speech problems and language development is being stressed.

Codirector Carmine Salierno said all the children who applied for the new program were accepted. He expects another six children to join before the end of the year. The publicly funded program costs parents nothing, except what it costs to drive the children to school.

"What we learn about the children will be helpful when they get to regular classes," said Salierno, who is coordinator of special education for the region.

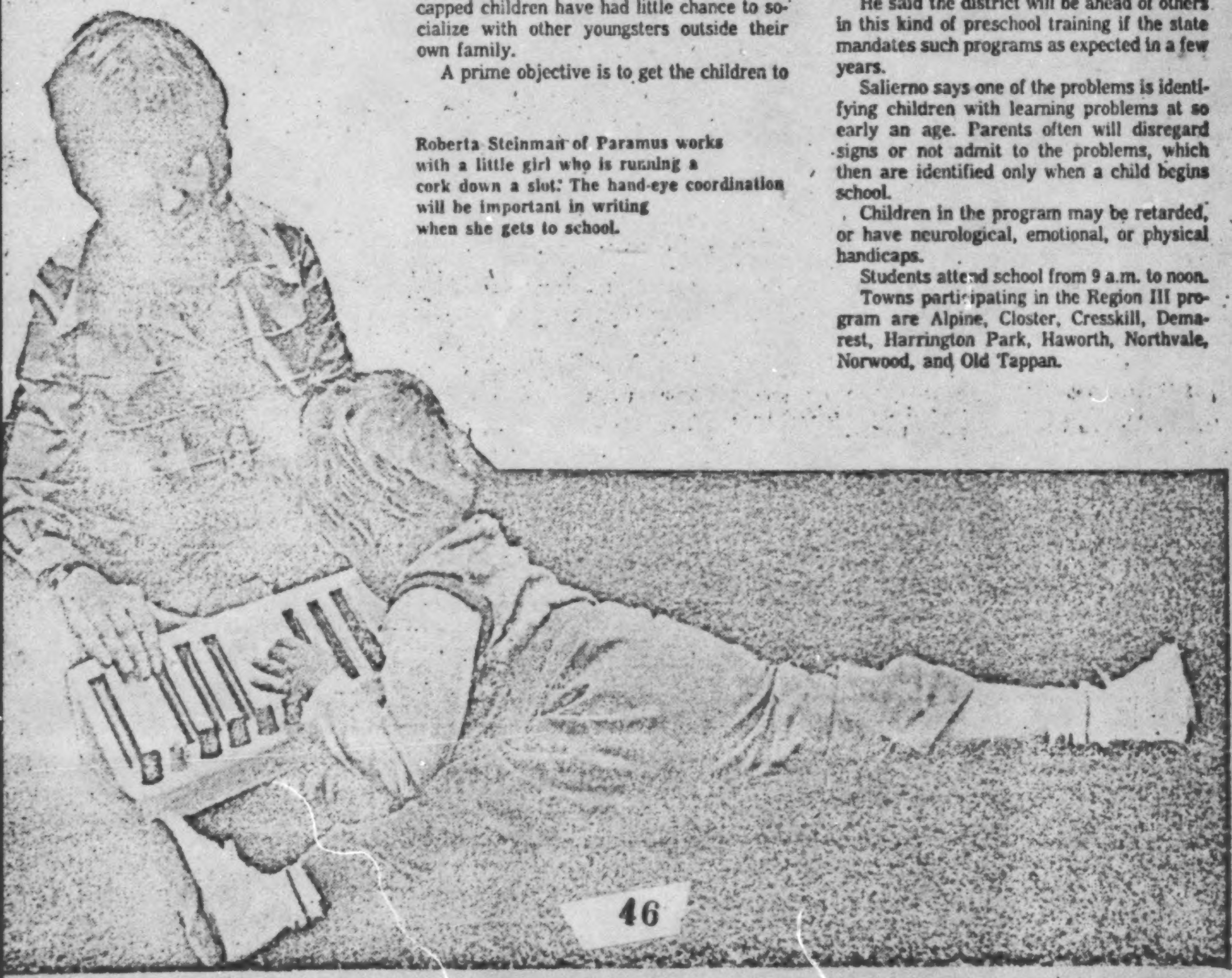
He said the district will be ahead of others in this kind of preschool training if the state mandates such programs as expected in a few years.

Salierno says one of the problems is identifying children with learning problems at so early an age. Parents often will disregard signs or not admit to the problems, which then are identified only when a child begins school.

Children in the program may be retarded, or have neurological, emotional, or physical handicaps.

Students attend school from 9 a.m. to noon.

Towns participating in the Region III program are Alpine, Closter, Cresskill, Demarest, Harrington Park, Haworth, Northvale, Norwood, and Old Tappan.



Roberta Steinman of Paramus works with a little girl who is running a cork down a slot. The hand-eye coordination will be important in writing when she gets to school.

Appendix B-4

CLOSTER PUBLIC SCHOOLS
CLOSE - UP

Vol. 3, No. 1 CLOSTER, NEW JERSEY December 1974

"PIE" — PRE-SCHOOL INSTRUCTION FOR THE EXCEPTIONAL

For the past two years the offices of Special Education and Curriculum & Instruction under the direction of Dr. Edward Ciccoricco and Mr. Carl Salierno, have studied the need for a pre-school program for handicapped children. Federal funds were requested and granted by the New Jersey State Department for the Pre-School Instruction Program.

The project is designed to identify and to provide individual instruction for three to five year old children with learning handicaps. The districts served by the project are: Alpine, Closter, Cresskill, Demarest, Harrington Park, Haworth, Northvale, Norwood and Old Tappan. At the present time, eight children are involved in this program which meets in Northvale. If any residents of Closter are aware of any children between the ages of three and five who need this kind of instruction prior to their entering a regular public school program, they should contact William R. Hanley, Superintendent of Schools.

3 · The North Jersey Suburbanite, Wednesday, May 7, 1975

BOBBY STEINMAN, head teacher in the PIE Project for handicapped children, reads a favorite book with Jennifer Wey of Northvale. (Staff Photo)

Preschool Program For Handicapped A Success

NORTHERN VALLEY - A class of ten pre-schoolers, aided by a dedicated group of teachers and parents, have turned an innovative school project into a huge success.

The official name for the federally funded program is Preschool Instruction for the Exceptional. Unofficially it is known as PIE, a two-phase project which aims to identify and provide instruction for handicapped pre-scholars in nine Northern Valley communities.

One of the most remarkable things about the class, which is held five mornings a week at St. Anthony's School in Northvale, is its very unremarkableness.

A visitor sees a colorfully decorated classroom, complete with all the usual nursery school equipment, several busy teachers and a group of children who are clearly having the time of their lives.

Everything Organized

The apparent simplicity is deceptive. It takes an enormous amount of work and planning on the part of head teacher Roberta Steinman and the three assistant teachers to achieve the relaxed, smoothly running result.

"It looks loose, but it's not", said Mrs. Steinman. "The class works because there is lots of structuring and monitoring. The hardest thing is to make it look easy."

Virtually everything the

(Continued on page 25)

Preschool Program

(Continued from page 3)

children do is designed to teach a particular skill. The needs of the children, whose ages are from three through five, are quite varied. They range from physical disabilities, mental retardation and emotional problems through a variety of perceptual and neurological disabilities. In order to achieve maximum results, a "personalized learning system" has been set up for each child in the class. These list both the principal areas where development is needed and the individualized programs designed to meet those needs. In daily conferences before and after every class, the staff re-evaluates each learning system, making changes whenever necessary. "The program is eclectic", says Mrs. Steinman, reaching out to all available resources"

It All Works

It sounds complicated, but everything meshes beautifully and the results have been all that anyone could have wished for. "There have been fantastic gains in terms of the children's development and functioning", said Dr. Edward Ciccoricco, director of Curriculum and instruction for the Northern Valley Schools. "We have seen significant gains in terms of social interraction, emotional development and self care", he added.

Dr. Ciccoricco and Carmine Salierno, former coordinator of special education for Bergen County Region III, are the authors and co-directors of PIE.

"I have never seen a group this large with so many different needs working so well together", said Vicky De Bary, the program's consultant psychologist.

"Some people predicted that it couldn't be done", recalled Mrs. Steinman, who added that she always knew it would work. Why? "Because they are children first", she answered. "Why cannot children play together?"

Play and Learn

The children in PIE are doing more than playing together. They are helping and learning from each other as well. "When we started some of the parents wanted to know what the other children were like", Mrs. Steinman said. "They were afraid their children would pick up bad habits. This has not happened at all. Kids are very perceptive. They will pick up on the good things. They watch, grow and teach others."

In addition to the four regular teachers, the staff includes a speech therapist, social worker and the psychologist, who come in fairly often. There is also a neurologist and psychiatrist who are consulted when necessary. A group of regular volunteers and parents of the children also play an important part in the program.

"One of the most gratifying things I have seen in addition to the growth of the children is the involvement and support of their parents", said Dr. Ciccoricco. "We have become a large family built between the staff and the parents for the benefit of the children." Meetings between the staff and the parents are held every six weeks and often feature special speakers.

Dr. Ciccoricco said that an application for continuation of the program has been made to the federal government and that an answer is expected by the end of May. In the meantime, planning is underway for 1975-76 and applications are being accepted. The communities served by the project are Alpine, Closter, Cresskill, Demarest, Harrington Park, Haworth, Northvale, Norwood and Old Tappan.

Room For More

Both Mrs. Steinman and Dr. Ciccoricco expressed surprise that more parents in those communities have not yet taken advantage of the part of the project that offers free testing for purposes of identification and diagnosis.

"One of the problems is that parents are uncertain whether their children belong in the program", said Dr. Ciccoricco. "We are willing to provide that information." After the initial testing an evaluation and recommendation is given to the parents who then decide what they want to do.

Further information on the PIE Project may be obtained by calling the Curriculum Center of the Northern Valley Schools at 768-3541.

25 · The North Jersey Suburbanite · Wednesday, May 7, 1975

Appendix B-6

BOROUGH OF
Harrington
Park
FOUNDED 1904

NEWSLETTER

JUNE 1975

PIE PROJECT

Harrington Park is one of the nine Northern Valley towns benefiting from a new school for handicapped preschool children. The PIE (Preschool Instruction for the Exceptional) Project is a federally funded program which offers free testing, diagnosis and evaluation for the children who apply. They have a variety of needs with a wide range of disabilities covering mental retardation, neurological, perceptual, physical and emotional handicaps. If accepted, a personalized learning program is developed for each youngster in order to meet his or her individual needs.

Presently located at St. Anthony's School in Northvale, the program has 10 children enrolled. The instructional staff consists of a head teacher and three assistants. They are supported by qualified consultants and several volunteers. The co-author and director of the program is Dr. Edward Ciccoricco of Harrington Park. He is also director of Curriculum and Instruction for the Northern Valley Schools.

Two local organizations, the Woman's Club and Junior Woman's Club have taken an interest in the project and have donated equipment. Information about the PIE Project may be obtained from the Curriculum Center in Closter (768-3541).

PRESCHOOL INSTRUCTION for the EXCEPTIONAL PROJECT

APPLICATION

A. Name of child ______________________________

Date of birth ______________ Place of birth ______________

Name of father ______________ mother ______________

Present address ______________________________

Telephone number ______________________________

B. Briefly describe your child's handicap(s):

C. Briefly describe your expectations for your child as they pertain to preschool instruction:

D. If your child is now receiving or has ever had any formal preschool experience, please describe the nature of such experience.

E. If you wish to add any information that may help us in reviewing your child's application, please use the space provided below.

F. In considering your child's application we may need to have written reports of any professional evaluations sent to us. Would you be willing to authorize the release of reports to our office, if necessary?

______________ Date of application

______________ Signature of Parent (Guardian)

Appendix D

PIE STAFF MEMBERS

Administrators

Dr. Edward A. Ciccoricco, Ed.D.
Project Director and Director of Curriculum and Instruction
Northern Valley Schools, Bergen County, New Jersey

Mr. Carmine A. Salierno, B.A., M.A., M.Ed.
Project Director and Coordinator of Special Education
Region III, Bergen County, New Jersey (To March 17, 1975)

Mr. Leonard Margolis, B.A., M.A.
Project Director and Coordinator of Special Education
Region III, Bergen County, New Jersey (As of July 1, 1975)

Teaching Staff

Mrs. Roberta Steinman, B.A.	Head Teacher
Mrs. June Kirby, B.S.	Assistant Teacher
Mrs. Carmel Alia	Assistant Teacher (12/18/74 to 6/30/
Mrs. Jane Heal, B.A., M.A.	Assistant Teacher (2/3/75 to 6/30/75
Miss Julia Kosow, B.A.	Assistant Teacher (9/1/74 to 12/20/
Mrs. Rosemarie Bence, B.A., M.S.W.	Social Worker
Mrs. Victoria deBary, B.A., M.A.	Psychologist
Mrs. Suzanne Haviv, B.A., M.S.	Speech Therapist

University Consultants

Dr. Shirley Zeitlin, Ed.D.
Professor of Education
State University of New York at New Paltz

Dr. Lois Nichols, Ed.D.
Professor of Education
State University of New York at New Paltz

P I E POINTERS

1. Since CHILDREN LEARN BY DOING, encourage responsibility and independence whenever possible.

2. THINK POSITIVE! Use positive statements, such as "Please keep the sand in the sand table;" as opposed to "Don't throw sand."

3. CATCH THE CHILD BEING GOOD. Praise meaningfully whenever possible. Praise the deed, not the child. "John, you did that puzzle very well; Mary, you're a good listener; Good work."

4. Please do not speak about a child in his/her presence or in the presence of other children.

5. Please do not offer a choice when something must be done. Say, "It is time to wash," rather than "Do you want to wash?"

6. The following are three procedures which might be used in the class for "unacceptable" behavior:

   a. If the child's behavior is dangerous to the other children, isolate him/her with the comment that he/she may return to the group when he/she feels he/she can interact with the other children in a more positive way;

   b. STOP the "unacceptable behavior," DISTRACT the child by substitution of an acceptable activity, and then APPROVE the more desirable behavior;

   c. In some instances, ignoring attention-getting devices would be the best way to guide another child away from objectionable conduct.

   Please feel free to discuss the use of these procedures and others with the teachers.

7. Be mindful of the Chinese proverb:

   I hear . . . . I forget
   I see . . . . I remember
   I DO AND . . . . I UNDERSTAND

P I E

POINTERS FOR VOLUNTEERS

DAILY SCHEDULE

8:30 - 9:00	TEAM MEETING Prepare classroom with teachers, go over plans for day.
9:00 - 10:10	STUDENT ARRIVAL, INDIVIDUALIZED WORK PERIOD AND CLEAN-UP Greet the children and help them remove and hang up their own clothing in their special place in the closet. Assist a child in his selection of an activity. A child may only engage in one activity at a time. He or she should be encouraged to select a "toy," work with it as independently as possible, and then return same to its place. Demonstrate proper use of materials when necessary.
10:10 - 10:20	BATHROOM Assist with toileting of children.
10:20 - 10:40	GOOD MORNING MEETING Sit with the children and assist when necessary.
10:40 - 10:50	SNACK TIME AND CLEAN-UP Assist the "Helper of the Day" in the setting of the table. Assist the children, when necessary, with pouring, drinking their juice, eating their snack and cleaning up.
10:50 - 10:55	QUIET TIME Darken the room, put on the phonograph, and rest near the children, when necessary.
10:55 - 11:25	GYM Carefully supervise the children in their use of the gross motor equipment and during other activities. Encourage peer interaction.
11:25 - 11:45	CONCLUDING ACTIVITY OF DAY - STORY, MUSIC, ART OR FILMSTRIP Assist the children during the activity, when necessary.
11:45 - 12:00	OUTDOORS Assist the children in dressing for outdoors. Once outside, closely supervise the children.
12:00 - 12:30	TEAM MEETING AND CLEAN-UP Go over day's events; discuss next day's plans; clean-up classroom with teacher.

CURRICULUM CENTER
OFFICE OF SPECIAL EDUCATION

ANNOUNCEMENT OF SPRING IN–SERVICE COURSE

EARLY CHILDHOOD EDUCATION AND THE CHILD

The Region III Council and Northern Valley Administrators Association will issue a certificate recommending one-half in-service credit for all participating teachers.

Tuition and fees: None

Five sessions: Tuesdays, 3:30–5:30

April 1, 8, 22, 29 and May 6

Location: Harrington Park Elementary School

Open to: Pre K–3 teachers and all elementary special educators.

Instructors:

April 1	Dr. Shirley Zeitlin, Professor of Education, State University of New York at New Paltz Initial Screening, Processing and Psycho–Educational Testing In Early Childhood Education
April 8	Dr. Shirley Zeitlin – Survey of Atypical Behaviors In The Young School–Aged Child
April 22	Dr. Lillian Shapiro, Professor of Education, Teachers College, Columbia University Coordinating Curriculum Practices For Early Childhood and Special Education
April 29	Dr. Lois Nichols, Professor of Education, State University of New York at New Paltz Examination Of Curriculum Practices In Early Childhood Education
May 6	Mrs. Roberta Steinman, Head Teacher, Preschool Instruction For The Exceptional Project, Region III Preschool Instruction For The Exceptional Project – An Early Childhood Special Education Project

Purposes:

Greater emphasis is now being given to early childhood education, especially for those children who exhibit unique or exceptional learning styles. Recent research indicates that much more needs to be understood about the preschool and primary child in order for educators to effect optimum learning potentials. The goals of this mini-course are as follows:

1. To acquaint teachers with recent developments in initial screening, psycho-educational testing, and personalized educational planning.
2. To further teachers' knowledge regarding the typical and atypical behaviors expressed by the young learner.
3. To have teachers examine curriculum practices in Early Childhood Education.
4. To introduce teachers to the philosophies and practices common to Early Childhood and Special Education

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ENROLLMENT APPLICATION

TO:
Mr. Carmine A. Salierno
Coordinator of Special Education
Closter Plaza
Closter, New Jersey 07624

Please return before
March 15th

Please enroll me in the Early Childhood Education and the Child In-Service Course.

NAME ______________________________ BUILDING ______________________________

SCHOOL DISTRICT ______________________________ POSITION ______________________________

MATERIALS

Name and Address of Company	Example of Materials Ordered
American Guidance Service Publisher's Building Circle Pines, Minn. 55014	Peabody Language Development Kit, Level #P
Rhythm Band, Inc. P.O. Box 126 Fort Worth, Texas 76101	Rhythm Band Instruments
Constructive Playthings 1040 E. 85th Street Kansas City, Missouri 64131	Play Chips, Inclined Balance Bridge Jumbo Beads, Colored Bead Patterns, My Face and Body Flannel Kit, Mirror
Special Education Materials, Inc. 484 South Broadway Yonkers, New York 10705	Prima Filmstrip Projector, Perceptual Development Cards, Dimensional Color Block Designs, 1" Cubes, Sorting Box, Blocks, Tumbling Mat
J. L. Hammett Co. 2393 Vaux Hall Road Union, New Jersey 07083	Dressy Bessy, Dapper Dan, Bean Bags, Paints, Cassette Tape Recorder, Chil sized Classroom Furniture
Community Playthings Rifton, New York 12471	Kiddie Car, Nursery Rocking Boat, Barrel, Rack and Slide, Sand and Water Table, Kitchen Equipment, Easel
Developmental Learning Materials (DLM) 7440 Natchez Avenue Niles, Illinois 60648	Stencils, Form Puzzle, Visual Discrimination Flip Book Pictures, Sponge Ball
Society for Visual Education, Inc. 1345 Diversey Parkway Chicago, Illinois 60614	Filmstrips and Records
Dick Blick P.O. Box 1267 Galesburg, Illinois 61401	Attribute Blocks, Color and Shape Bingo, Coordination Board, Flannel Story Kits, Magnets, Tinkertoys
Scholastic Book Service 904 Sylvan Avenue Englewood Cliffs, N. J. 10632	Book and Record Sets - Caps for Sale, Three Blind Mice, Three Billy Goats Gruff, Three Pigs, Hi Diddle Diddle
RCA Records 1133 Avenue of the Americas New York, New York 10036	Records - Fiedler Favorites for Children, The World's Favorite Reveries, Sousa Forever

Materials

Kimbo Educational Box 246 Deal, New Jersey	Records - Learning Basic Skills, Getting to Know Myself, Play Your Instrument
Educational Record Sales 157 Chambers Street New York, New York 10007	Musical Experience for Basic Learning Readiness - "Who Am I?", Sensori Motor Training in the Classroom

CURRICULUM CENTER - NORTHERN VALLEY SCHOOLS
PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL

RECORDS - BOOKS - FILMSTRIPS

RECORDS

Kimbo Educational, Box 246, Deal, New Jersey 07723
Ella Jenkins

1. #FC7544 - "And One and Two"
2. #FC7630 - "Early Early Childhood Songs"
3. #FC7665 - "Play Your Instrument"

Hap Palmer

1. #EA533 - "Creative Movement and Rhythmic Expression"
2. #EA543 - "Getting to Know Myself"
3. #EA514 - "Learning Basic Skills"(black jacket)
4. #EA526 - "Learning Basic Skills Through Music - Health and Safety"
5. #EA523 - "Modern Tunes for Rhythm Instruments"
6. #EA519 - "Patriotic and Morning Time Songs"

RCA Records - Ed. Dept. 1133 Avenue of the Americas, New York, N.Y. 10036

1. #LC 76-75224 - "Fiedler Favorites for Children"
2. #CAS-1003 - "Lullabies for Sleepyheads"
3. #LSC2569 - "Sousa Forever"
3. #LSC3299 - "The World's Favorite Reveries"

Educational Record Sales - 157 Chambers Street, New York, N.Y. 10007

1. "Musical Experiences for Basic Learning Readiness - Who Am I"
2. "Sensori Motor Training in the Classroom"

The Franson Corp., 225 Park Avenue South, New York, N.Y. 10003
1. #728 - "Chugging Freight Engine"
2. #803 - "I'm Dressing Myself"
3. #1019 - "My Playful Scarf"
4. #4501 - "My Play Mate the Wind"
5. #1010 - "Sunday in the Park"
6. #1017 - "Visit Little Friend"

Special Education Materials, Inc. 484 South Broadway, Yonkers, N.Y. 10705
1. #SE1738 - "Rhythm Record Preschool Activities"

Stepping Tones Records - P.O. Box 64334, Los Angeles, Calif. 90064
1. #1101 Vol. One "Teddy Bear Series - Creative Play Songs
2. #1102 Vol. Two "Teddy Bear Series - Creative Play Songs

Record/Book Sets

Scholastic Book Service, 904 Sylvan Avenue, Englewood Cliffs, N.J. 07632

1. #0717 - "Caps for Sale"
2. #0746 - "Henny Penny/The Adventures of the Three Blind Mice"
3. #LC-R68-3713 - "Hi Diddle Diddle"
4. #1714 - "I Know An Old Lady"
5. #0728 - "Old MacDonald Had A Farm"
6. #1713 - "The Tale of Peter Rabbit"
7. #1756 - "The Three Bears"
8. #LC3719/3720 "Three Billy Goats Gruff"
9. #0789 - "The Three Pigs"

Books

New World Books - Post Office Box 89, 2 Cams Road, Suffern, N.Y. 10901

1. Allan - "The Zoo Book" - New York: Platt & Munk, 1968
2. Caldone, P.-"The Three Bears"-New York: Seabury Press, 1972
3. LeSieg, T. - "I Wish That I Had Ducks Feet" - New York: Random House 1
4. Matthisen, - "ABC-An Alphabet Book" - New York: Platt & Munk, 1966
5. Slobad Kina, L. - "Caps for Sale" - Reading, Mass: Addison-Wesley, 1967
6. Weissiman - "Numbers" - New York: Platt & Munk, 1968
7. Winn, M. - "Fireside Book of Children's Songs" - New York: Simon & Shuster, 1966

MacMillan Library Service, 260B Brown Street, Riverside, N.J. 08075

A. #76164 - "Preschool and Kindergarten Set of 20 Books"
    1. Barton, Byron - "Buzz, Buzz, Buzz" 1973
    2. Charmatz, Bill - "The Cat's Whiskers" 1969
    3. Cohen, Miriam - "Will I Have A Friend" 1967
    4. Domanska, Manina - "Little Red Hen" 1973
    5. Flack, Marjorie - "Ask Mr. Bear" 1932
    6. Hoban, Russell - "The Little Brute Family" 1966
    7. Hoban, Tana - "Count and See" 1972
    8. Hoban, Tana - "Shapes and Things" 1970
    9. Hutchins, Pat - "Changes, Changes" 1971
    10. Hutchins, Pat - "Rosie's Walk" 1968
    11. Hutchins, Pat - "Titch" 1971
    12. Keats, Ezra Jack - "HiCat" 1970
    13. Keats, Ezra Jack - "The Little Drummer Boy" 1968
    14. Kruss, James - "3 x 3 Three by Three" 1963
    15. Kraus, Robert - "Whose Mouse Are You?" 1970
    16. Petersham, M. - "The Circus Baby" 1950
    17. Petersham, M. - "The Rooster Crows" 1945
    18. Prelutsky, Jack - "Lazy Blackbird and Other Verses" 1966
    19. Rockwell, Harlow - "My Doctor" 1973
    20. Slobodkin, Louis - "Magic Michael" 1944

Filmstrips

Scholastic Early Childhood Center, 904 Sylvan Avenue, Englewood Cliffs, New Jersey 07632

1. Beginning Concepts
   Unit I
      "Short Tall Large Small"
      "Count See One Two Three"
      "Red Blue Yellow Too"
      "Boxes Clocks Building Blocks"
      "Bumpy Lumpy"

   Unit II
      "Day Night Heavy Light"
      "In Out Roundabout"
      "Slow Fast First Last"
      "Ears Nose Fingers Toes"
      "Kitten Pup Growing Up"

Society for Visual Education, Inc. 1345 Diversey Parkway, Chicago, Illinoi 60614

2. #R107-SR Children's Stories
   Set of 6 Filmstrips, 3 records, 6 teachers guides
      107-1 "Little Red Riding Hood"
      107-2 "The Three Little Pigs"
      107-3 "The Gingerbread Boy"
      107-4 "Goldilocks and the Three Bears"
      107-5 "Rumpelstilskin"
      107-6 "Thanksgiving for King"

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Secaucus, New Jersey
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A Directory for Head Start Personnel

Council for Exceptional Children (The)

Directory of Audiovisual Training Materials

Directory of Selected Instructional Material

Homemade Innovative Play Equipment

Meyer Children's Rehabilitation Institute Teaching Program for Young Children

Selected Readings in Early Education of Handicapped Children

Training of Non-Professionals in Early Childhood Education Centers

Utilizing Resources in the Handicapped Service Field

Working with Families: A Manual for Developmental Centers

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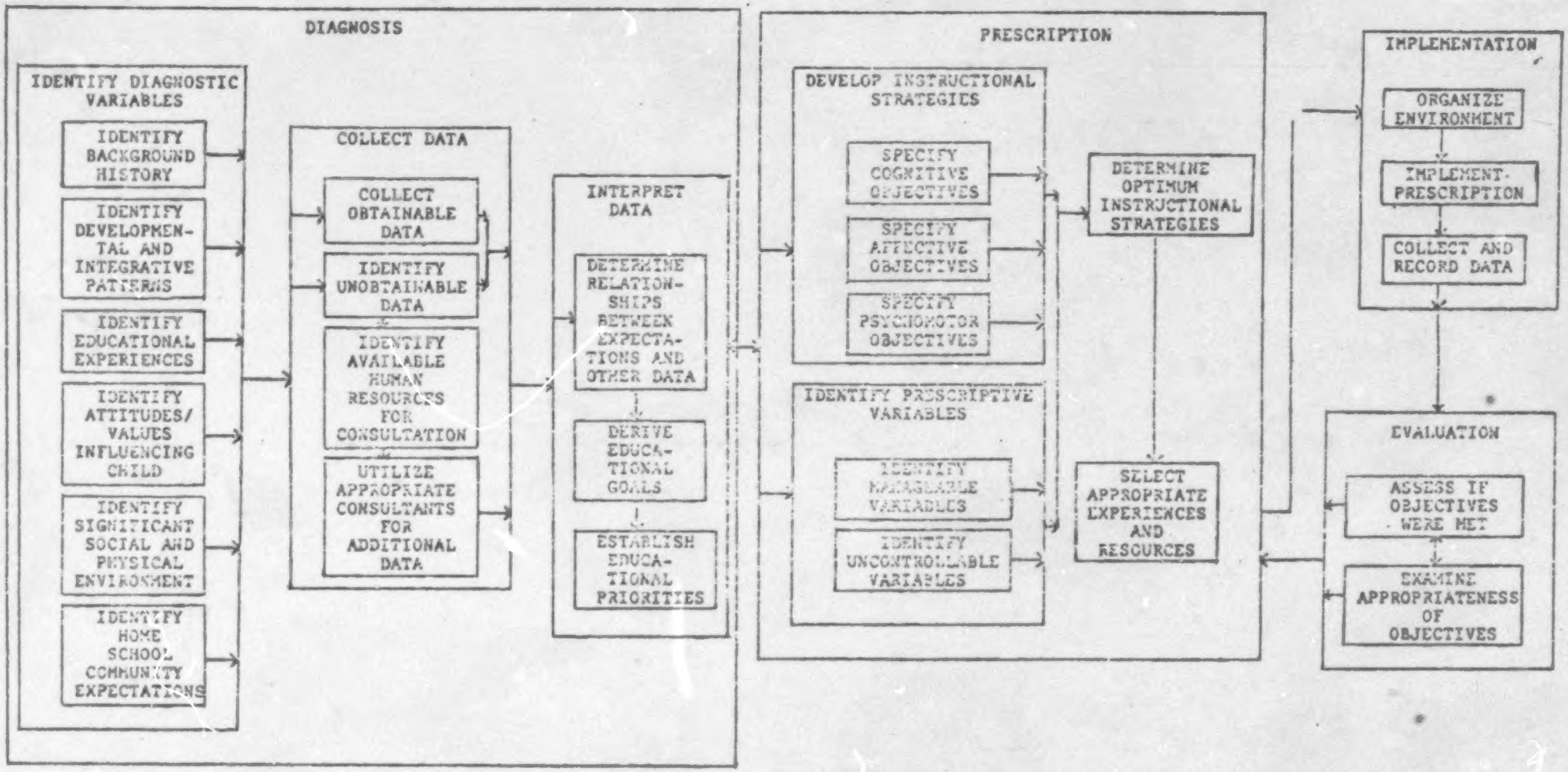
Appendix H-1

PERSONALIZED LEARNING SYSTEM


DIAGNOSIS
IDENTIFY DIAGNOSTIC VARIABLES
IDENTIFY BACKGROUND HISTORY
IDENTIFY DEVELOPMENTAL AND INTEGRATIVE PATTERNS
IDENTIFY EDUCATIONAL EXPERIENCES
IDENTIFY ATTITUDES/VALUES INFLUENCING CHILD
IDENTIFY SIGNIFICANT SOCIAL AND PHYSICAL ENVIRONMENT
IDENTIFY HOME SCHOOL COMMUNITY EXPECTATIONS
COLLECT DATA
COLLECT OBTAINABLE DATA
IDENTIFY UNOBTAINABLE DATA
IDENTIFY AVAILABLE HUMAN RESOURCES FOR CONSULTATION
UTILIZE APPROPRIATE CONSULTANTS FOR ADDITIONAL DATA
INTERPRET DATA
DETERMINE RELATIONSHIPS BETWEEN EXPECTATIONS AND OTHER DATA
DERIVE EDUCATIONAL GOALS
ESTABLISH EDUCATIONAL PRIORITIES
PRESCRIPTION
DEVELOP INSTRUCTIONAL STRATEGIES
SPECIFY COGNITIVE OBJECTIVES
SPECIFY AFFECTIVE OBJECTIVES
SPECIFY PSYCHOMOTOR OBJECTIVES
IDENTIFY PRESCRIPTIVE VARIABLES
IDENTIFY MANAGEABLE VARIABLES
IDENTIFY UNCONTROLLABLE VARIABLES
DETERMINE OPTIMUM INSTRUCTIONAL STRATEGIES
SELECT APPROPRIATE EXPERIENCES AND RESOURCES
IMPLEMENTATION
ORGANIZE ENVIRONMENT
IMPLEMENT PRESCRIPTION
COLLECT AND RECORD DATA
EVALUATION
ASSESS IF OBJECTIVES WERE MET
EXAMINE APPROPRIATENESS OF OBJECTIVES

Lois K. Nichols EdD. Shirley Zeitlin EdD.
State University College, New Paltz, N.Y.

PERSONALIZED LEARNING SYSTEM
DIAGNOSTIC VARIABLES

L.K. Nichols Shirley Zeitlin

Background history

1. Ethnic and cultural background
2. Developmental landmarks
3. Birth date, place, type of birth, adopted, foster
4. Siblings, order, number in home
5. Parent's birthplace, age, occupation, mobility or lack of it
6. Languages spoken in home
7. Health background traumatic experiences
8. Physical defects, atypical behavior, parent's description of problem
9. Hospitalization, accidents, high fevers
10. Family history of disease or educational handicaps
11. Age problem was identified
12. Parent's education, socio-economic status, age
13. With whom living, number of adults in home
14. Quality of family relationships

Developmental and Integrative Patterns

1. Physical
   Senses, vision, hearing; general health, activity level (active-passive neurological structure, nutrition, eating patterns, edocrine balance

2. Perceptual Motor - Psychomotor domain
   Gross motor, fine motor, visual motor, body image, laterality, figure ground, spatial relations, auditory - visual discrimination

3. Cognition - Cognitive domain
   The thinking process (Piaget), IQ representing a global rather than a differentiated evaluation of child's potential

   Auditory - visual memory (long term, short term), sequencing, classifying, inferential reasoning, creativity

4. Speech and Language - Cognitive domain
   Communication through receptive and expressive language, syntax (grammar), vocabulary - complexity, rhythm, and organization

5. Social - emotional Affective domain
   Self concept, adaptive behavior, motivation or set, personality, social skills, interaction patterns, level of maturity (Erikson's model), frustration, tolerance level

6. Integrative patterns
   Information processing, behavior style, learning style

Education Experiences

1. Previous schools attended N-K. Info, records from schools attended
2. Other educational influences, parent/teacher
3. Educational trips, camping
4. Child's reaction to environment
5. Lessons, music, dance, drama
6. Quality of early group contacts, day care, baby sitting etc.
7. Quality of school experience, child's attitude as learner
8. Unique cultural exposure
9. Educational organizations, scouts
10. Special interests
11. Recreational organizations - Little League, classes etc.

Attitudes/Values

1. Religious beliefs, special holidays
2. Cultural practices, ethnic beliefs
3. Economic status as this relates to value system
4. Family interests (music, art, medicine)
5. Preconceptions about child based on information gathered
6. Parent's education, feelings about school
7. Parent's self concept
8. Parent teacher relationships, attitudes/values of teacher in school setting
9. Community attitudes toward child (ex. minority groups)

Social and Physical Environments

1. Physical, social setting, neighborhood, socio economic status
2. Type of dwelling, rooms, space
3. Availability of playmates, play areas, type of play
4. Adequate nutrition, sleeping habits
5. Factors relating to security
6. Free time pursuits, availability of adults, relationship to adults
7. Classroom environment, peer group relationships in school

Home, School, Community Relationships

1. Parent attitude toward school, expectations for child
2. Teacher compatibility between child development and curriculum
3. Administration expectations for child and teacher - realistic, unrealistic
4. Community expectations for school program
5. Relationship between child's ability and expectations
6. Child's expectation for self
7. Are child's expectations for self consistent with child's behavior

Appendix I

Description of Children in PIE Program

Chronological ages (C.A.) are as of May, 1975

Child I - C.A. 4 years 1 month male, neurologically impaired, hyperactive, intact family, middle child of three, delayed language development, eating and sleeping difficulties as an infant, attended local nursery school briefly, was excluded because of aggressiveness, distractibility and extreme activity. Gross fine motor development are about age equivalent, auditory, visual perception and discrimination are adequate, social function at 3-4 year level, good learning potential, use of language is adequate for age, occasionally difficult to understand. Parent describes him as a lovable hyperactive child whose restlessness, compulsiveness, disruptiveness, destructiveness and impulsiveness are his handicaps. Medication has been prescribed.

Child II - C.A. 4 years, 4 months male, neurologically impaired, hyperactive, intact family, only child, was "perfect baby" - ate and slept well and didn't cry much, delayed language development, high activity level, distractible and impulsive, engages in stereotyped behavior and has several tics, not toilet trained, gross and fine motor coordination poorer than average. Persistent need for fingertip stimulation. Adequate auditory and visual perception and discrimination, due to neurological impairment, cognitive functioning is not easily assessed. Social functioning at about 2 year level, receptive and expressive language are adequate. Described by parents as hyperactive and subject to mood changes, possibly suffering from minimal brain dysfunction.

Child III - C.A. 5 years, male, left eye turns inward and upward, neurologically impaired, maturation lag, intact mobile family, middle child of three, complications of pregnancy and delivery, four early hospitalizations for relatively minor causes. Gross motor coordination is poor, fine and perceptual-motor functioning less than adequate. Social functioning at about 4 year level, delayed language development, speaks little, uses only one or two words at a time. Behavior indicates a good level of intellectual functioning. Parent describes child as multiply handicapped primarily in the area of communication, feels there may be some involvement in perceptual and neurological areas.

Child IV - C.A. 5 years 4 months, male with typical facial expression of Mongoloid child. Identified at birth as Trisomy 21 Mongoloid genetic origin, intact family, one older sibling, previously attended local private program for mentally retarded children, gross motor development typical of a 3½ year old, fine motor is more typical of 2 year old, visual motor expression limited to scribbling, auditory and visual perception and descrimination seem adequate, social functioning at about 4 year level, cognitive at approximately 2½-3 year level. Speech limited to occasional single word. Parent describes speech as son's greatest disability.

Child V - C.A. 4 years 10 months, female child, who has a tracheotomy tube, communication handicapped, identified at birth as having Pierre Robin Syndrome (cleft palate and smale mandible), has been hospitalized at various times because of handicap, delayed language development. intact family, oldest of three children, attended local play group one day a week while enrolled in program, gross and fine motor development are age equivalent, visual-motor skills are good, auditory and visual perception and discrimination seem adequate, social function at approximate 5 year level, good level of intellectual functioning. Use of language is age appropriate, speech is raspy. Social functioning adequate for age. Parent sees speech as child's handicap.

Child VI - C.A. 5 years, 4 months, emotionally disturbed male child, intact family, middle child of three, as an infant was extremely irritable, delayed language development, although parents were concerned about child's slow development, the pediatrician told them he didn't think anything was wrong and felt that he was just slower to develop speech than his sister. However, when child was almost three and did not respond to the doctor, the pediatrician recommended that the child be seen at a Child Evaluation Center. After a complete work-up, child was referred for psychiatric help, gross motor development typical of 3-3½ year old, fine motor age equivalent, visual motor functioning is potential source of strength, visual perception and discrimination seem adequate. Due to emotional disturbance true cognitive functioning is not easily assessed. Speaks little, is frequently difficult to understand, social functioning at approximately a 2 year old level. Parents feel problem is primarily speech, that he has trouble getting his words out, they note that he is unable to relate to other children and cries for no apparent reason. Medication has been prescribed.

Child VII - C.A. 6 years, 4 month, typical female child with typical facial expression of Mongoloid child - etiology - chromosonal. Intact family, is youngest of 13 children, ranging in age from 7-27 years. This has been the child's first school experience. Gross motor development is age equivalent, fine motor more typical of 3½-4 year old, visual motor skills are fair, auditory perception and discrimination seem adequate, visual perception and discrimination questionable. Social functioning is at approximate 5 year old level and is far superior to intellectual functioning indicating a possibly greater learning potential than that which would be demonstrated during assessment. Parents stated that the child is treated the same as other siblings.

Child VIII - C.A. 4 years, 7 months, male neurologically impaired, delayed language and overall developmental lag. Intact family, youngest of nine children ranging in age from 5 to 22 years, 5 of whom have handicaps of various degress. General appearance is more representative of an 18 month - two year old. fine motor more typical of a 2-2½ year old. Visual-motor expression limited to scribbling, social functioning is about 18 months. Due to neurological impairment, it is difficult to obtain a true measure of his intellectual functioning, speech limited to occasional single words. Parents feel he suffers from some neurological impairment and that he does not show the signs of retardation, a couple of their other children do.

Child IX - C.A. 4 years, 5 months, female, neurologically impaired, identified at birth as having Spina-bifida with resulting paralysis of lower extremities, Shunt has been placed to allow drainage of fluid from the brain, handicapped related hospitalizations, delayed language, history of convulsions, daily medication has been prescribed, not toilet trained and probably will never be. Attended pre-school program at the local Cerebral Palsy Center during last year and goes there weekly for physical therapy, gross motor development is poor due to paralysis of lower extremities, fine motor development is at approximately 2½-3 year level, visual motor ability appears to be within normal limits. Auditory perception and discrimination seems adequate. Visual perception and discrimination are suspect. Social functioning approximate 2 year level. Intellectual functioning is difficult to assess due to limited expressive language ability. Receptive language appears to be within normal limits for her age. Expressive language ability appears closer to 2-2½ year level. Parents describe handicap as congenital menmgomyelocete with paralysis of lower extremities - arrested Hydrocephalous.

Appendix J-1

PIE

OBSERVATION SHEET

NAME: ______________________ **DATE:** ______________

GROSS MOTOR

____

FINE MOTOR

____

SOCIAL-EMOTIONAL

____

SELF-HELP

____

COGNITIVE

____

LANGUAGE

____

ADDITIONAL INFORMATION

____

PIE

Some Guidelines for Observations

GROSS MOTOR:

Coordination
Degree of caution
Walking
Running

FINE MOTOR:

Coordination
Cutting
Drawing
Dressing-undressing

SOCIAL-EMOTIONAL:

1. Initiation of activity
2. Attention span
3. Curiosity
4. Frustration tolerance
5. Relationship with teacher
6. Acceptance of limits and routine
7. Reaction to adults other than teacher
8. Interaction with other children
9. Respect for rights of self and others
10. Sharing and taking turns
11. Self concept

SELF-HELP:

Swallowing
Behavior
Dressing
Washing, etc.
Drinking
Toileting
Undressing
Chewing
Use of Handkerchief
Hangs up clothing
Feeding

COGNITIVE:

Following directions
Colors
Number concepts
Size
Textures
Sequencing of events
Facial expressions
Prepositions
Geometric shapes
Temperature
Memory
Body parts
Family
Home
Liquid and Linear Measure
etc.

LANGUAGE:

Understanding
Amount of language use
Type of language use
Intelligibility, etc.

Appendix J-3

PIE

CHILD EVALUATION SUMMARY SHEET

NAME________________________
AGE ________________________
DATE________________________

Motor Development (Large, Small, Perceptual Motor)

Social - Emotional Development

Language Development

Cognitive Development

Additional Information

PIE

PRESCRIPTION FORM

Name ____________________
Age ____________________
Date ____________________

Motor Development (Large, Small, Perceptual Motor)

Social - Emotional Development

Language Development

Cognitive Development

Additional Information

Appendix J-5

PIE

Mid Year Child Evaluation
Summary Sheet

Name ____________________
Age ____________________
Date ____________________
Teacher ____________________

Motor Development (Large, Small, Perceptual Motor)

Social - Emotional Development

Language Development

Cognitive Development

Additional Information

Appendix J-6

PIE

Year End Child Progress Evaluation

Name____________________
Age____________________
Date____________________
Teacher____________________

Motor Development (Large, Small, Perceptual Motor)
____ 1.
____ 2.
____ 3.
____ 4.

Social - Emotional Development
____ 1.
____ 2.
____ 3.
____ 4.
____ 5.
____ 6.

Language Development
____ 1.
____ 2.
____ 3.
____ 4.
____ 5.
____ 6.

Cognitive Development
____ 1.
____ 2.
____ 3.
____ 4.
____ 5.
____ 6.
____ 7.

Comment

*Key +objective met
±objective partially met
-objective not met
N No opportunity to evaluate or no response when evaluatio
was attempted

Appendix K

EDUCATIONAL OBJECTIVES

1. Identification and diagnosis of preschool handicapped children ages three to five (MR, ED, PH, MH).

2. Provision of individualized instructional program designed to aid the child by:

    (a) increasing self-awareness and enhancing self-esteem

    (b) hastening sensory motor and perceptual development

    (c) improving and/or remediating language, communication, and cognitive skills 4

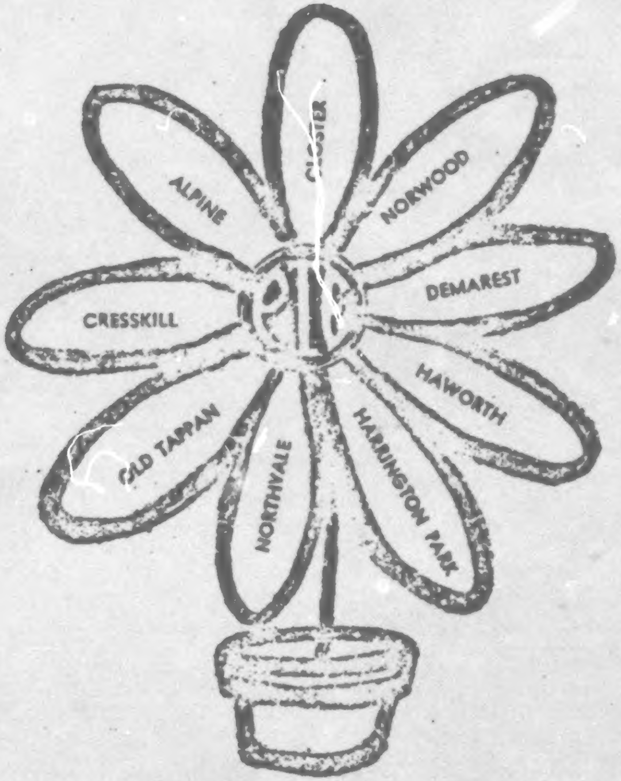
    (d) facilitating social and emotional development.

Appendix L
INFORMATIONAL BOOKLET

REGION III CHIEF SCHOOL ADMINISTRATORS

Dr. John O'Connell	Alpine
Mr. William Hanley	Closter
Dr. Robert Scott	Cresskill
Mr. George DeCausemacker	Demarest
Mr. William Maier	Harrington Park
Mr. Robert Lewis	Haworth
Mr. John Howarth	Northern Valley
Dr. Joseph Cornell	Northvale
Mr. Frank Pallante	Norwood
Dr. Norman Remson	Old Tappan

PRESCHOOL INSTRUCTION FOR THE EXCEPTIONAL


CLOSTER
ALPINE
NORWOOD
DEMAREST
CRESSKILL
HAWORTH
OLD TAPPAN
NORTHVALE
HARRINGTON PARK

NORTHERN VALLEY SCHOOLS AND BERGEN COUNTY REGION II

Preschool Instruction for the Exceptional Program was designed and developed by Dr. Edward A. Ciccoricco, Director of Curriculum and Instruction and Mr. Carmine A. Salierno, Coordinator of Special Education. The Northern Valley Regional High School District is the Legal Funding Agent for the participating districts.

PROFESSIONAL STAFF

Edward A. Ciccoricco	Ed.D.	Co-Director
Carmine A. Salierno	M.A.-M.Ed.	Supervisory Co-Director
Roberta Steinman	B.A.	Teacher
Julia Kosow	B.A.	Assistant
June Kirby	B.S.	Assistant
Rosemarie Bence	M.S.W.	Social Worker Consultant
Victoria deBary	M.A.	Psychologist Consultant
Suzanne Haviv	M.S.	Speech Therapist
Shirley Zeitlin	Ed.D.	University Consultant
Lois Nichols	Ed.D.	University Consultant

PARENT INVOLVEMENT

Parents are involved in the program in a number of different ways. Parents will have an opportunity to talk with the teacher when taking the children to and from school, and by telephone. Conferences will be held during the year. An orientation meeting will be held for parents of the children in the program. Parents are also encouraged to observe and assist in the classroom. Arrangements for visitation should be made in advance with the Head Teacher.

LOCATION

The program is located at Saint Anthony's School, Franklin Street and Philadelphia Avenue, Northvale, New Jersey (rear entrance-classrooms #1 and #2).
Telephone 767-7224

HOURS

The class will meet daily from 9:00 a.m. to 12:00 p.m. Parents are requested to bring the children no earlier than 8:55 a.m., since staff meetings will be held each morning prior to the children's arrival. Parents are also urged to pick up their children on time at the close of the day.

HEALTH

Parents are requested to keep children at home if they have colds or symptoms of illness. We wish to protect your child and others. If a child develops symptoms of illness at school, parents will be notified and requested to come for the child. If the child shows signs of illness at home, particularly in the event of communicable disease, the P.I.E. teacher should be notified.

WHAT TO BRING

1. A smock or apron for painting, etc. Please mark the child's name in ink.
2. A complete change of clothes to be kept at school properly marked.
3. If your child is not toilet trained, please provide Pampers or disposable diapers and changes of underclothing each day, with the name on each item. Please provide a plastic lined diaper bag or a similar container for soiled clothing.
4. All clothing should be marked (including coats, sweaters, hats, etc.).
5. Sneakers should be worn in school, if possible.
6. A blanket or mat for rest time. Please mark the child's name in ink.
7. A suitable carrying case for the child's belongings with his or her name on it.
8. Plastic apron.

P.I.E. ADVISORY GROUP

1. Dr. Edward A. Ciccoricco, Director of Curriculum and Instruction, Northern Valley Schools; PIE Project Co-Director.

2. Mr. John Howarth, Superintendent, Northern Valley Regional High School District; Legal Educational Agency.

3. Mr. Jeffrey Feifer, Principal, Tenakill School, Closter; Principals Advisory Group, Northern Valley Schools.

4. Mrs. Laura Lustig, President, Special Education PTA Northeast Bergen County.

5. Mrs. Mitzi McEvoy, Teacher (3rd Grade), Norwood School District; Member of Instructional Council, Northern Valley Schools.

6. Dr. Norman Remson, Superintendent, Old Tappan School District; President, Northern Valley Administrators Association.

7. Mr. Carmine A. Salierno, Coordinator of Special Education, Region III; PIE Project Co-Director.

8. Mrs. Ellen Stein, Community Representative.

9. Mrs. Erna Townshend, Member of Harrington Park School Board; Joint Committee of School Boards, Northern Valley Schools.

10. Parent (to be designated).

PIE

Year-End Evaluation

Name ______________________
Age ______________________
Date ______________________
Teacher ____________________

Motor Development (Large, Small, Perceptual Motor)

_____ 1. To increase use of gross motor equipment

_____ 2. To walk downstairs unassisted

_____ 3. To catch a ball with two hands

_____ 4. To jump up and down with two feet

_____ 5. To zip up zipper without help

_____ 6. To open and close clothespin

_____ 7. To use crayon for scribbling

_____ 8. To match color objects

_____ 9. To balance on one foot one second

_____10. To walk across balance beam without assistance

Social-Emotional Development

_____ 1. To be consistent in his behavior

_____ 2. To interact with peers

_____ 3. To participate in group activities

*Key:	+	objective met
	±	objective partially met
	-	objective not met
	N	no opportunity to evaluate objective or no response when evaluation was attempted

Year-End Evaluation

Language Development

_____ 1. To use appropriate responsive expressive language

_____ 2. To use pronouns - "I"

_____ 3. To "read" picture books

_____ 4. To increase vocabulary

Cognitive Development

_____ 1. To match colors

_____ 2. To identify primary colors

_____ 3. To identify numerals 1, 2, 3, 4, 5

_____ 4. To group items on basis of size

_____ 5. To group items on basis of color

_____ 6. To group items on basis of shape

_____ 7. To differentiate between big/little

_____ 8. To differentiate between smooth/rough

Teacher comments:

Appendix N

EVALUATION QUESTIONNAIRE FOR PARENTS WITH SUMMARY OF RESPONSES
(Eleven responses)

May 22, 1975

EVALUATION QUESTIONNAIRE FOR PARENTS

Note to Parents: "Since we are a federally funded program, we are required to supply information to the government about the PIE Project. We need to know your positive and negative feelings about the program. Parent involvement is an important part of the program. The information you provide will be used to insure that your child's needs are best served by the program."

Directions: Please reply to the following by filling in the blanks or circling appropriate responses. Thank you.

My child has been enrolled in the PIE Project since:
September 30th   Other (please note month)____________

CHILD DEVELOPMENT

1. My child benefited from the total program:

none   little ①   much ③   very much ⑩

2. My child's speech and language has improved:

(between little & much)
none ①   little ②   ②   much ③   very much ⑤

a) My child uses more words:

none ①   little ①   ②   much ③   very much ⑦

b) My child uses more sentences:

none ①   little ③   ①   much ⑤   very much ④

c) My child speaks more clearly:

no ①   somewhat ①.   much ⑤   very much ④

3. My child's general coordination has improved:

none ①   little ②   ①   much ⑥   very much ③   never a problem ①

a) My child has better use of hands for cutting, buttoning, and coloring:

none   little ④   ①   much ⑤   very much ③

b) My child can better coordinate the use of eyes and hands for such activities as doing puzzles and copying forms:

none ①   little   much ⑨   very much ②

4. My child is better able to follow directions:

(between little & much)

none little ① ② much ⑦ very much ③ one never had problem

5. My child is better able to solve simple problems and make appropriate choices:

none ① little ④ ① much ③ very much ④ one not appropriate

6. My child is better able to be involved with other children:

none ① little ③ ① much ⑤ very much ④

7. My child's attention span has increased:

none ① little ④ much ⑥ very much ③

8. My child can handle his feelings better:

none ① little ③ ① much ⑦ very much ② one not appropriate

9. My child likes himself better:

none ① little ① much ⑦ very much ③ one not appropriate

10 In addition to the above, I have observed that my child has made gains in the following:

Three were left blank
Closer to parent and better communication - helped us as a family
Better able to share experiences - child real part of family
Increased knowledge i.e. letters, music-concern for others-attitude
Needed more time on evaluation
More involvement in group life and brought joy to family - toilet train
Child more patient - listens better - more interest and imagination
Child less frustrating to parents - better understanding of speech
More inquisitive - wants to do - not watch
Eye to eye contact
Toilet trained (98%)
Taking more interest in activities, games, television, books.

PARENT INVOLVEMENT

1. Parent meetings:

too few [✓ enough 9] [✓ too many 1]

2. Parent meetings:

liked the most 8 liked all meetings but 3 especially liked Dr. Zeitlin
1 liked Speech 1 especially liked Mrs. Thompson
least satisfactory to me 3 said Child Study Team Leader

3. Next year I would like to see:

more meetings [✓ less meetings 1] [✓ same amount 9]

4. Suggestions for meetings: Less lecture-make sure more parent participation;" to" type experts as guests;Outside speakers;Group discussions of behavior problems with a person like Dr. Zeitlin;Invite representative of each school district for dialogue with parents;Direct meetings toward clarifying goals objectives for individual children and for groups of exceptional children.
1 parent suggested daily talks between teacher and parent (fewer meetings)
6 week gaps too long.

5. In relation to project activities, parents ought to be

[✓ less involved 1] [✓ same involvement 5] [✓ more involved 5]

6. Parents ought to be involved in helping in the following areas:

Providing refreshments 9 said yes; 1 no

Activities at home 9 said yes; 1 no

Meeting with parents of prospective children 9 said yes; 1 felt this should be left to staff.

Social occasions with parents group 5 said no; 1 said yes; 1 said maybe; 1 said timing would be difficult.

Covered dish supper All said no.

Other If possible would like to know more of what is done in school so can follow up at home.
Parents should write to editors, attend PTA, write Congress, etc. to gain support for exceptional children.
In favor of outside speakers. Interested in "rap" session, where parents could talk over mutual problems and perhaps help each other. Parents observing class in session is good learning experience for them.

PROGRAM EVALUATION (see following pages for summary of responses.)

1. Next year, I wish the following would be included or given greater emphasis in the program:

2. Next year, I wish the following would not be included in the program.

3. I believe the single greatest strength of the program to be:

4. My expectations for my child in this program have been met:

   not at all   moderately   well   very well

5. Additional comments relating to staff, facilities, materials, etc.:

Parent Evaluation Questionnaire - Summary

1. Suggestions for next year or greater emphasis:

Speaker - Speech Therapy
Speaker - Pediatric Neurologist to evaluate PIE children in general
Stress on self help
Swimming (two parents)
Two days of speech
More walks
Five year olds should have a pre-K readiness program (writing)
More structured programming of ABC's
Toilet training and suggestions of how to follow through at home
Reading program - daily reports on child's activities, plus suggested follow-up
No answer (three parents)

2. What they do not want included in program:

No answer (ten parents)
"Nothing is valueless"

3. Greatest single strength of program:

The Staff - (Their concern, patience and time given to each child)
Leader attitude and dedication
Dedication of Instructors
Individualized learning
Communication and understanding between parents and staff
Group involvement; excellent guidance
Attention to individual potential and needs
Speech therapy
Being with children their own age
Ratio of teachers to children
Individual interest in child's benefits, both his achievements and failures are constantly evaluated
Strength and compassion of staff
Staff and curriculum
Good teaching staff and keeping children occupied

Comment: Program must be frequently updated to reflect child's latest diagnosis and prognosis. Parents should be informed of current diagnostic and prognostic opinions of health and psychiatric representatives.

4. Expectations for child have been met:

Not at all (one parent)
Well (three parents)
Very well (seven parents)

Parent Evaluation Questionnaire - Summary

5. Additional comments:

"PIE is a marvelous program for kids of such diversified needs."
"Kids play and work in beautiful harmony."
"Sometimes I feel room is overstaffed (visitors, sutdents, volunteers, parents, etc.)."
"Would like to change snack to 10:30 instead of 11:00 a.m."
"Very diversified program. Teachers are very dedicated and concerned about all the children."
"Staff outstanding - unequaled in my experience. Facility - excellent."
"Staff - the warmth and love that flows from the staff to the children is probably the most important factor in the positive response that each child has shown to the experience."
"I think the staff is fantastic! Everyone who has known my son through the year has remarked how great he has improved."
"Staff sincerely interested in progress for children in the program and demonstrate the necessary adaptability to change as situation requires and student progresses."
"Classrooms are well utilized and instructive as well as constructive
"At frequent times - more staff (guests) than children. This should be held to a maximum minimum of a combination staff and guests. Too many open facilities or materials can be disturbing to child, insofar as, daily work cannot be achieved. More material should be cleaned and be given out only when class schedule has been met. The children cannot concentrate on what is being taught if all toys, books, puzzles, hats, kitchen sets, piano, puppet stand are open. Classroom should be more structured and not openly run.
"Mixture of children in class is too wide a range of handicaps."
"Speech therapist hired for one day 3 hours, to see all children is ridiculous. A waste of time if she cannot be hired full time."

APPENDIX O

PIE ADVISORY GROUP, 1974-75

Dr.Edward A. Ciccoricco, Director of Curriculum and Instruction, Northern Valley Schools; PIE Project Co-Director.

Mr. John Howarth, Superintendent, Northern Valley Regional High School District; Legal Educational Agency.

Mr. Jeffrey Feifer, Principal, Tenakill School, Closter; Principals Advisory Group, Northern Valley Schools.

Mrs. Laura Lustig, President, Special Education PTA Northeast Bergen County.

Mrs. Mitzi McEvoy, Teacher (3rd Grade), Norwood School District; Member of Instructional Council, Northern Valley Schools.

Dr. Norman Remson, Superintendent, Old Tappan School District; President, Northern Valley Administrators Association.

Mr. Carmine A. Salierno, Coordinator of Special Education, Region III; PIE Project Co-Director.

Mrs. Ellen Stein, Community Representative.

Mrs. Erna Townshend, Member of Harrington Park School Board; Joint Committee of School Boards, Northern Valley Schools.

Parents(Three).

Appendix P
Workshop/Course Evaluation

Your evaluation of this workshop or course provides needed feedback to the Curriculum Center and will be considered for in-service program planning. You need not identify yourself on this form in any way. Thank you for your assistance.

Workshop or course title: EARLY CHILDHOOD EDUCATION AND THE CHILD

Please rate this workshop or course in terms of the areas listed below using the following scale

5 : Excellent - outstanding
4 : Good - better than average
3 : Satisfactory - okay, average
2 : Fair - below average
1 : Poor - markedly inadequate

Circle one number for each item:

1. Opportunities for learning new ideas, methods, and/or specific skills:

5	4	3	2	1	
11	13	8	1		=33

2. Applicability to your own educational setting...classroom, school:

5	4	3	2	1	
7	17	5	4		=33

3. Motivation to use what you have learned in your own situation:

5	4	3	2	1	
17	12	2	2		=33

4. Stimulation to continue learning in the workshop or course content area:

5	4	3	2	1	
18	10	5			=33

5. Opportunities for your own active involvement in the workshop course activities

5	4	3	2	1	
5	9	14	4		=32

6. Organization...flow of workshop or course program:

5	4	3	2	1	
19	9	5			=33

7. Quality of presentation:

5	4	3	2	1	
20	12	1			=33

8. Adequacy of facilities:

5	4	3	2	1	
13	10	7	1		=31

9. Overall rating:

5	4	3	2	1	
13	17	3			=33

10. (Something you might wish to add)

TOTALS	123	109	50	12	Total = 294